#### Case 16-30377 Doc 1 Filed 09/23/16 Entered 09/23/16 15:07:24 Desc Main Document Page 1 of 67

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself   |                            |   |  |
|----|---|----------------------------|---|--|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |  |
| 1. | Your full name  | Anthony                    |   |  |
|    | Write the name that is on   | First name                 | First name                                    |  |
|    | your government-issued<br>picture identification (for<br>example, your driver's | Middle name Lacour         | Middle name                                   |  |
|    | license or passport   | Last name                  | Last name                                     |  |
|    | Bring your picture identification to your meeting with the trustee.             | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |  |
| 2. | All other names you   |                            |   |  |
|    | have used in the  | First name                 | First name                                    |  |
|    | last 8 years  | Middle name                | Middle name                                   |  |
|    | Include your married or   | made name                  | Wildle Harie                                  |  |
|    | maiden names.   | Last name                  | Last name                                     |  |
|    |   | First name                 | First name                                    |  |
|    |   | Middle name                | Middle name                                   |  |
|    |   | Last name                  | Last name                                     |  |
| 3. | Only the last 4 digits of your  | XXX - XX3778               | xxx - xx-                                     |  |
|    | Social Security<br>number or federal  | OR                         | OR  |  |
|    | Individual Taxpayer Identification number (ITIN)                                | 9 xx - xx-                 | 9 xx - xx-                                    |  |
|    |   |                            |   |  |

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| D  | First Name  | Middle Name   | Last Name                        | _ Case Humber (ii know | vii)                      |   |
|----|---|---|----------------------------------|------------------------|---------------------------|---|
|    |   |   |                                  |                        |                           |   |
|    |   | About Debtor 1:   |                                  | About Debto            | or 2 (Spouse Only         | / in a Joint Case):                                     |
| 4. | Any business names and Employer                   | ✓ I have not used any busine  | ess names or EINs.               | I have not u           | used any business nam     | es or EINs.   |
|    | Identification Numbers (EIN) you have used in the | Business name   |                                  | Business nan           | ne                        |   |
|    | last 8 years                                      | Business name   |                                  | Business nan           | ne                        |   |
|    | Include trade names and doing business as names   | EIN   |                                  | EIN                    |                           |   |
|    |   | EIN   |                                  | EIN                    |                           |   |
| 5. | Where you live                                    |   |                                  | If Debtor 2 live       | es at a different addr    | ess:  |
|    |   | 2253 Colllins St.  Number Street  |                                  | Number                 | Street                    |   |
|    |   | Blue Island Illinois  | 60406                            |                        |                           |   |
|    |   | City State Cook   | Zip Code                         | City                   | State                     | Zip Code  |
|    |   | County  |                                  | County                 |                           |   |
|    |   | If your mailing address is diffill it in here. Note that the cour this mailing address. |                                  |                        |                           | erent from yours, fill it<br>ny notices to this mailing |
|    |   | Number Street   |                                  | Number                 | Street                    |   |
|    |   | City State  | Zip Code                         | - City                 | State                     | Zip Code  |
| 6. | Why you are                                       |   | Lip Gode                         |                        | State                     | Zip Code  |
|    | choosing this district to file for                | Check one:  Over the last 180 days bef  | ore filing this petition, I have | Check one:             | ast 180 days before filin | a this petition. I have                                 |
|    | bankruptcy  | lived in this district longer   | than in any other district.      | lived in this          | s district longer than in | any other district.                                     |
|    |   | I have another reason. Exp  | olain. (See 28 U.S.C. §§ 1408.)  | I have anot            | her reason. Explain. (S   | ee 28 U.S.C. §§ 1408.)                                  |
|    |   |   |                                  |                        |                           |   |
|    |   |   |                                  |                        |                           |   |
|    |   |   |                                  |                        |                           |   |
|    |   |   |                                  |                        |                           |   |

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| Debtor 1 Anthony  | Lacc<br>Middle Name Last I   |   | Case number (if know  | n)   |
|---|--|---|---|--|
| First Name  |  | Name  |   |  |
| Part 2: Tell the Court Ab   | out Your Bankruptcy Case   |   |   |  |
| 7. The chapter of the<br>Bankruptcy Code<br>you are choosing to<br>file under   | Check one. (For a brief description of eact B2010)). Also, go to the top of page 1 and  Chapter 7  Chapter 11  Chapter 12  Chapter 13  | •   |   | b) for Individuals Filing for Bankruptcy (Form   |
| 8. How you will pay the fee   | court for more details about h may pay with cash, cashier's on your behalf, your attorney  I need to pay the fee in instandividuals to Pay Your Filing II  I request that my fee be wait By law, a judge may, but is no less than 150% of the official   | ow you may pay. To check, or money of may pay with a cree allments. If you chefee in Installments (wed (You may required to, waive poverty line that apurchoose this option | ypically, if you rder If your addit card or checoose this option Official Form 10 est this option of your fee, and oplies to your fan, you must fill of | on, sign and attach the Application for D3A).  The poly if you are filing for Chapter 7.  The may do so only if your income is mily size and you are unable to pay but the Application to Have the |
| 9. Have you filed for bankruptcy within the last 8 years?   | No.  Yes. District  District  District   | f Illinois When When When   | 5/6/2016<br>MM / DD / YYYY<br>MM / DD / YYYY  | Case number  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor  District  Debtor  District   | <u>W</u> hen  | MM / DD / YYYY  | Relationship to you  Case number, if known  Relationship to you  Case number, if known   |
| 11. Do you rent your residence?   | No. Go to line 12.  Yes. Has your landlord obtained an experience of the second of the | ent About an Eviction Jud   |   | nt to stay in your residence?<br>(Form 101A) and file it with  |

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| Debtor 1 Anthony First Name  |               | Midd   |   | Lacour<br>Last Name   | Case number (if known  | )  |  |
|--|---------------|--|---|---|--|--|--|
| Part 3: Report About Any   | v Rus         |  |   |   |  |  |  |
| 12. Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. |               | No.  | Go to Part 4.  Name and location of both statements are statements and location of both statements and location of both statements are statements and location of both statements and location of both statements and location of both statements are statements and location of both statements are statements and location of both statements and location of both statements are statements. The location of both statements are statements and location of both statements are statements and location of both statements | Street  Street  Street  Source  Street  Street  Street  Street                      | 11 U.S.C. § 101(27A))<br>I in 11 U.S.C. § 101(51B))<br>§ 101(53A))   | Zip Code   |  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).  | dead<br>opera | llines. If y<br>ations, ca<br>C. § 11 1<br>No. | g under Chapter 11, the rou indicate that you are a ash-flow statement, and a 6(1)(B).  I am not filing under Chapt Bankruptcy Code.  | court must know who<br>a small business debi<br>federal income tax re<br>napter 11. | ether you are a small busines<br>or, you must attach your mos<br>turn or if any of these docum<br>a small business debtor acco | at recent balance sheet, sents do not exist, follow to the definition in | etatement of<br>the procedure in 11<br>the |
| Part 4: Report if You Ow   | n or l        | Have A   | Any Hazardous Pro   | onerty or Any P   | roperty That Needs Ir  | nmediate Attentio  | n  |
| 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate  |               | No.<br>Yes.                                    | What is the hazard?  If immediate attention is numbers of the property?   |   |  |  |  |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  |               |  |   | City  | State  | Zip (  | Code                                       |

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Debtor 1 Anthony Lacour Case number (if known)

#### First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone.

If you believe you are not required to receive a briefing

credit counseling with the court.

about credit counseling, you must file a motion for waiver of

If you believe you are not required to receive a briefing

credit counseling with the court.

about credit counseling, you must file a motion for waiver of

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| Debtor 1 Anthony First Name   |   | acour Case number (if kr   | nown)  |  |  |  |
|---|---|--|--|--|--|--|
|   | uestions for Reporting Purpos   |  |  |  |  |  |
| 16. What kind of debts do you have?   | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |  |  |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be availal  No.  Yes.  |  | y is excluded and administrative expenses are  |  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |  |  |  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |  |  |  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |  |  |  |
| Part 7: Sign Below  |   |  |  |  |  |  |
| For you   | and correct.  If I have chosen to file under C 11,12, or 13 of title 11, United S choose to proceed under Chapilf no attorney represents me aime fill out this document, I hav I request relief in accordance will understand making a false state.   | Chapter 7, I am aware that I may prostates Code. I understand the relief ter 7.  Ind I did not pay or agree to pay sor the obtained and read the notice requirith the chapter of title 11, United Statement, concealing property, or obtained and result in fines up to \$250,052, 1341, 1519, and 3571. | f available under each chapter, and I meone who is not an attorney to help uired by 11 U.S.C. § 342(b). tates Code, specified in this petition. staining money or property by fraud in 200, or imprisonment for up to 20 |  |  |  |

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| Debtor 1                                 | Anthony         |   | Lacour  | Case number (  | (if known)   |
|--|-----------------|---|---|--|--|
|  | First Name      | Middle Name   | Last Name   |  |  |
| you are<br>by one<br>If you a<br>represe |                 | eligibility to proceed up<br>the relief available und<br>to the debtor(s) the no<br>certify that I have no be<br>petition is incorrect. | nder Chapter 7, 11, 1<br>der each chapter for<br>otice required by 11 U | 2, or 13 of title 11, U which the person is 6 .S.C. § 342(b) and, in | hat I have informed the debtor(s) about laited States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the |
| need to                                  | file this page. | /s/ Sean McNulty  |   | Date   | 9/23/2016  |
|  |                 | Signature of Attorney   | for Debtor  |  | MM / DD / YYYY   |
|  |                 | Sean McNulty Printed name  Semrad Law Firm Firm name  11101 S. Western Ave  | enue  |  |  |
|  |                 | Chicago   |   | Illinois   | 60643  |
|  |                 | City  |   | State  | Zip Code   |
|  |                 | Contact phone   | 555555555   | Email address  | smcnulty@semradlaw.com   |
|  |                 |   |   | Illino   | pis  |
|  |                 | Bar number  |   | State  | <u> </u>   |

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| Fill in this information to identify your case: |                           |             |                             |  |  |  |
|---|---------------------------|-------------|-----------------------------|--|--|--|
| Debtor 1  | Anthony                   |             | Lacour                      |  |  |  |
|   | First Name                | Middle Name | Last Name                   |  |  |  |
| Debtor 2  |                           |             |                             |  |  |  |
| (Spouse, if filing                              | <sup>19)</sup> First Name | Middle Name | Last Name                   |  |  |  |
| United States                                   | Bankruptcy Court for the: | Northern    | District of Illinois(State) |  |  |  |
| Case number (If known)                          |                           |             | (State)                     |  |  |  |

| Check if this is ar |
|---------------------|
| amended filing      |

12/15

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |   |
|--|---|
|  | <b>Your assets</b><br>Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$175.00                                    |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$175.00                                    |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe          |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$17,296.00                                 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$14,000.00                                 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$16,071.00                                 |
| Your total liabilities   | \$47,367.00                                 |
| Part 3: Summarize Your Income and Expenses   |   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$2,172.00                                  |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J   | \$1,747.00                                  |
|  |   |

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| Del         | otor 1 | Anthony  |                                | Lacour  | Case number (if known)  |          |
|-------------|--------|--|--------------------------------|---|---|----------|
| Par         | t 4:   | First Name  Answer These Quest                             | Middle Name                    | Last Name tive and Statistical R                              | ecords  |          |
|             | re yo  | u filing for bankruptcy un                                 | nder Chapters 7, 11, or 13     | 3?  | is form to the court with your other schedules.                         |          |
|             | ✓ Ye   |  | it on this part of the form. C | SHECK THIS DOX AND SUDMIL TH                                  | is form to the court with your other schedules.                         |          |
| 7. <b>V</b> | Vhat k | kind of debt do you have                                   | ?                              |   |   |          |
|             |        |  |                                | er debts are those incurred but lines 8-10 for statistical pu | oy an individual primarily for a personal,<br>urposes. 28 U.S.C. § 159. |          |
|             |        | our debts are not primaril                                 |                                | nave nothing to report on this                                | s part of the form. Check this box and submit                           |          |
| 8.          |        | the Statement of Your C<br>122A-1 Line 11; OR, Form        | •                              | : Copy your total current mod<br>22C-1 Line 14.               | nthly income from Official  | \$475.67 |
| 9.          | Сор    | y the following special ca                                 | ategories of claims from       | Part 4, line 6 of Schedule                                    | E/F:  |          |
|             | Fron   | m Part 4 on Schedule E/F                                   | , copy the following:          |   | Total claim   |          |
|             | 9a. [  | Domestic support obligation                                | ns (Copy line 6a.)             |   | \$14,000.00   |          |
|             | 9b. 7  | Taxes and certain other debt                               | s you owe the government       | . (Copy line 6b.)   | \$0.00  |          |
|             | 9c. C  | Claims for death or personal                               | l injury while you were into   | xicated. (Copy line 6c.)                                      | \$0.00  |          |
|             | 9d. S  | Student loans. (Copy line 6f.                              |                                |   |   |          |
|             |        | Obligations arising out of a srity claims. (Copy line 6g.) | separation agreement or d      | ivorce that you did not repor                                 | t as \$0.00   |          |
|             | 9f. D  | Debts to pension or profit-sh                              | aring plans, and other sim     | ilar debts. (Copy line 6h.)                                   | \$0.00  |          |
|             | 9a -   | Total Add lines 9a through                                 | Qf                             |   | \$14,000,00   |          |

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| Debtor 1   |                                    | Anthony   |   |   | Lacour  |                                 |  |   |
|--|------------------------------------|---|---|---|---|---------------------------------|--|---|
| 200101   | -                                  | First Name  | Middle N  | Name  | Last Name   |                                 |  |   |
| Debtor 2   | if filing)                         | =:  | NA:-I-II- N   | I   | Lost Nove   |                                 |  |   |
| (Spouse,   | II IIIII19)                        | First Name  | Middle N  | name  | Last Name   |                                 |  |   |
| United St  | ates Bar                           | kruptcy Court for the:  | Northern  |   | District of Illinois  |                                 |  |   |
| Case nur   | _                                  |   |   |   | (State)   |                                 |  |   |
| Officia  | al Fo                              | rm 106A/B   |   |   |   |                                 |  | Check if this is an amended filing  |
| Sche   | dule                               | A/B: Prope  | erty  |   |   |                                 |  | 12/1  |
| category v<br>responsit<br>write your<br>Part 1: | where yole for some a name a Descr | ou think it fits best. B<br>upplying correct info<br>ind case number (if ki<br>ibe Each Resider | e as complete and<br>rmation. If more s<br>nown). Answer ev<br>nce, Building, | d accurate<br>space is no<br>ery questi<br>Land, or | r Other Real Estate You C   | ople are<br>to this f<br>Own or | filing together, both are form. On the top of any a  | equally<br>dditional pages,   |
| 1. Do yo   | No. Go                             | to Part 2   | juitable interest in  | any resid   | lence, building, land, or similar   | propert                         | y?   |   |
| 1.1  |                                    | here is the property? address, if available, or   | other description   | Single Duple Conc                                   | the property? Check all that app<br>e-family home<br>ex or multi-unit building<br>dominium or cooperative<br>ufactured or mobile home   | ly.                             | the amount of any secure   | laims or exemptions. Put<br>ed claims on Schedule D:<br>nims Secured by Property.<br>Current value of the<br>portion you own? |
|  | Numbe                              | er Street<br>State  | Zip Code  |   | stment property<br>share<br>r   |                                 | Describe the nature of interest (such as fee si the entireties, or a life  | mple, tenancy by  |
|  | City                               | State   | Zip Code  | Who has one.  Debte                                 | s an interest in the property? Cor 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another   | check                           | Check if this is co (see instructions)   | mmunity property  |
|  |                                    |   |   |   | formation you wish to add abo<br>videntification number <u>:</u>  | ut this it                      | em, such as local  |   |
| If you   |                                    | ave more than one, list address, if available, or er Street State                               |   | Single Duple Conco                                  | the property? Check all that apper- e-family home ex or multi-unit building dominium or cooperative ufactured or mobile home  trment property share r as an interest in the property? Coor 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another formation you wish to add abo | check                           | the amount of any secure Creditors Who Have Cla Current value of the entire property?  Describe the nature of interest (such as fee si the entireties, or a life  Check if this is co (see instructions) | mple, tenancy by estate), if known.   |

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| Debtor 1                |  | Middle Name  |   | ase number  | (if known)   |   |
|-------------------------|--|--|---|-------------|--|---|
| 1.3Stre                 | First Name  eet address, if available, or ot  nber Street  | her description  Zip Code                            | Lacour Last Name  What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other Debtor 1 only |             | Do not deduct secured cl<br>the amount of any secure   | d claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  your ownership mple, tenancy by estate), if known. |
| you ha                  |  | Ition you own for a<br>te that number he             | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about property identification number: all of your entries from Part 1, including re.                             | any entries | for pages  |   |
| Do you ov<br>you own th | wn, lease, or have legal or of at someone else drives. If your ans, trucks, tractors, sport util | <b>equitable interest</b> i<br>u lease a vehicle, al | in any vehicles, whether they are register<br>so report it on Schedule G: Executory Contra<br>cycles  |             |  |   |
| 3.1                     |  | Audi<br>A4<br>2006<br>96000                          | Who has an interest in the property one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth  | ner         | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? §4100.00   | •   |
| 3.2                     | Make  Model: Year: Approximate mileage: Other information: 2010 Chrysler Town & Coun             | Chrysler Town & Country 2010 100000                  | instructions)  Who has an interest in the property one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth Check if this is community proper instructions)                               | ? Check     | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  \$5825.00 | · ·   |

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|     | Anthony  |   | r (if known)   |  |
|-----|--|---|--|--|
|     | First Name Middle Name   | Last Name   |  |  |
| 3.3 | Make   | Who has an interest in the property? Check  | Do not deduct secured of   | •  |
|     | Model:   | one.  | the amount of any secure<br>Creditors Who Have Cla   |  |
|     | Year: Approximate mileage:   | Debtor 1 only   | Creditors virio mave Cla   | anns secured by Proper   |
|     | ·· <u> </u>  | Debtor 2 only Debtor 1 and Debtor 2 only  | Current value of the entire property?  | Current value of the portion you own?  |
|     | Other information:   | - <b>-</b>  | entire property?   | portion you own?   |
|     |  | At least one of the debtors and another   |  |  |
|     |  | Check if this is community property (see instructions)  |  |  |
| 3.4 | Make   | Who has an interest in the property? Check  | Do not deduct secured of   |  |
|     | Model:   | one.  | the amount of any secure<br>Creditors Who Have Cla   |  |
|     | Approximate mileage:   | Debtor 1 only   | Ordinors will have the   | anno occured by intope   |
|     | ·· <u> </u>  | Debtor 2 only   | Current value of the   | Current value of the   |
|     | Other information:   | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?   |
|     |  | At least one of the debtors and another   |  |  |
|     |  | Check if this is community property (see instructions)  |  |  |
|     | Yes  |   |  |  |
| 4.1 | Make   | Who has an interest in the property? Check one  | Do not deduct secured of the amount of any secure  |  |
| 4.1 |  | one.  | Do not deduct secured of the amount of any secure Creditors Who Have Cla   | ed claims on Schedule L  |
| 4.1 | Make Model:  | one.  Debtor 1 only   | the amount of any secure<br>Creditors Who Have Cla   | ed claims on <i>Schedule I</i><br>aims Secured by Prope  |
| 4.1 | Make Model: Year: Approximate mileage:   | one.  Debtor 1 only  Debtor 2 only  | the amount of any secure Creditors Who Have Cla Current value of the   | ed claims on Schedule I<br>aims Secured by Prope<br>Current value of the   |
| 4.1 | Make Model: Year:  | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  | the amount of any secure<br>Creditors Who Have Cla   | ed claims on <i>Schedule I</i><br>aims Secured by Prope  |
| 4.1 | Make Model: Year: Approximate mileage:   | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another   | the amount of any secure Creditors Who Have Cla Current value of the   | ed claims on Schedule I<br>aims Secured by Prope<br>Current value of the   |
| 4.1 | Make Model: Year: Approximate mileage:   | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  | the amount of any secure Creditors Who Have Cla Current value of the   | ed claims on Schedule I<br>aims Secured by Prope<br>Current value of th  |
|     | Make Model: Year: Approximate mileage:   | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see   | the amount of any secure Creditors Who Have Cla Current value of the   | ed claims on Schedule in aims Secured by Proper Current value of the portion you own?  |
|     | Make Model: Year: Approximate mileage:  Other information:  Make Model:  | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  | the amount of any secure Creditors Who Have Class Current value of the entire property?  Do not deduct secured of the amount of any secure   | ed claims on Schedule Inims Secured by Properation Current value of the portion you own?  Laims or exemptions. Pred claims on Schedule Initial Control of the In |
|     | Make   | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check   | the amount of any secure Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured of   | ed claims on Schedule aims Secured by Properation You own?  Current value of the portion you own?  Idaims or exemptions. Pred claims on Schedule in the second control of the se |
|     | Make Model: Year: Approximate mileage:  Other information:  Make Model:  | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  | the amount of any secure Creditors Who Have Class Current value of the entire property?  Do not deduct secured of the amount of any secure   | ed claims on Schedule in aims Secured by Properation Yellow own?  Laims or exemptions. Properations on Schedule in aims Secured by Properations Secured by Properations.   |
|     | Make   | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only  | Current value of the entire property?  Do not deduct secured of the amount of any secure Creditors Who Have Classifications who have Classificatio | ed claims on Schedule Is aims Secured by Prope Current value of the portion you own?  Laims or exemptions. Pued claims on Schedule Is  |
|     | Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage:                     | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only  | the amount of any secure Creditors Who Have Class Current value of the entire property?  Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the   | ed claims on Schedule in aims Secured by Proper Current value of the portion you own?  Laims or exemptions. Proper declaims on Schedule in aims Secured by Proper Current value of the aims of the secured of the aims of the secured by Proper Current value of the aims Secured by Proper Cu |
|     | Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage:                     | one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | the amount of any secure Creditors Who Have Class Current value of the entire property?  Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the   | ed claims on Schedule Is aims Secured by Prope Current value of the portion you own?  Laims or exemptions. Pure de claims on Schedule Is aims Secured by Prope Current value of the  |
| 4.2 | Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage:  Other information: | one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secure Creditors Who Have Class Current value of the entire property?  Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property?  | ed claims on Schedule Is aims Secured by Prope Current value of the portion you own?  Laims or exemptions. Pure de claims on Schedule Is aims Secured by Prope Current value of the  |

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| Debtor 1          |                                  |   | Lacour                         | Case number (if known)       |  |
|-------------------|----------------------------------|---|--------------------------------|------------------------------|--|
|                   | First Name                       | Middle Name   | Last Name                      |                              |  |
|                   |                                  | our Personal and Household ave any legal or equitable inte  |                                | lowing items?                | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                   | _                                | s and furnishings<br>bliances, furniture, linens, china, kitchenw                                       | <i>r</i> are                   |                              |  |
|                   | Describe                         | Used Furniture  |                                |                              | \$600.00   |
| 7. Elect<br>Examp |                                  | s and radios; audio, video, stereo, and di  | igital equipment; computers,   | printers, scanners; music    |  |
| ✓ Yes. [          | Describe                         | Misc. Electronics   |                                |                              | \$125.00   |
| Examp             | •                                | lue<br>and figurines; paintings, prints, or other a<br>pin, or baseball card collections; other co      | •                              | •                            | 1  |
| 9. Equi<br>Examp  | pment for sp<br>bles: Sports, ph | orts and hobbies notographic, exercise, and other hobby exercises; carpentry tools; musical instruments | quipment; bicycles, pool table | es, golf clubs, skis; canoes |  |
| <b>✓</b> No       |                                  |   |                                |                              |  |
| Yes. [            | Describe                         |   |                                |                              |  |
| ✓ No              |                                  | les, shotguns, ammunition, and related e  | quipment                       |                              | ] ———  |
|                   |                                  | clothes, furs, leather coats, designer wea  | ar, shoes, accessories         |                              |  |
| No No             |                                  |   |                                |                              | 1  |
| Yes. L            | Describe                         | Used Clothing   |                                |                              | \$500.00   |
| 12. Jewe<br>Examp | •                                | ewelry, costume jewelry, engagement ringer  | gs, wedding rings, heirloom    | jewelry, watches, gems,      |  |
|                   | Describe                         | Misc. Jewelry   |                                |                              | \$50.00  |
|                   | n-farm animal<br>bles: Dogs, cat | is<br>s, birds, horses  |                                |                              |  |
| Yes. [            | Describe                         |   |                                |                              |  |
| 14. Any           | other persor                     | nal and household items you did not a   | already list, including any    | health aids you did not list | 1  |
| <b>✓</b> No       |                                  |   |                                |                              |  |
| Yes. [            | Describe                         |   |                                |                              |  |
|                   |                                  | alue of all of your entries from Part 3, number here  |                                | pages you have attached      | \$1275.00  |

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| Den  | TOT I ATITIOTY                             | Middle Name                           | Lacoui  | Case number (# known)                            |  |
|------|--|---------------------------------------|---|--|--|
| Part | First Name  Describe Your                  | Financial Assets                      | Last Name   |  |  |
|      |  | any legal or equitable int            | erest in any of the follo   | wing?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|      | ✓ No                                       | ve in your wallet, in your home, in a |   |  |  |
| 17.  | Deposits of money<br>Examples: Checking, s |                                       | s; certificates of deposit; shares ir<br>ounts with the same institution, lis | Cash:n credit unions, brokerage houses, st each. |  |
|      | ✓ Yes                                      |                                       | Institution name:   |  |  |
|      |  | 17.1. Checking account:               | South Side Federal Credit Un  | nion   | \$50.00  |
|      |  | 17.2. Checking account:               | -   |  |  |
|      |  | 17.3. Savings account:                | South Side Federal Credit Un  | nion   | \$50.00  |
|      |  | 17.4. Savings account:                |   |  | <u>·                                      </u>                                     |
|      |  | 17.5. Certificates of deposit:        |   |  |  |
|      |  | 17.6. Other financial account:        |   |  |  |
|      |  | 17.7. Other financial account:        |   |  |  |
|      |  | 17.8. Other financial account:        |   |  |  |
|      |  | 17.9. Other financial account:        |   |  |  |
| 18.  | Bonds, mutual funds                        | s, or publicly traded stocks          |   |  |  |
|      |  | investment accounts with brokerag     | ge firms, money market accounts   |  |  |
|      | ✓ No ☐ Yes                                 | Institution or issuer name:           |   |  |  |
|      |  | -                                     |   |  |  |
|      |  |                                       |   |  |  |
| 19.  | Non-publicly traded an LLC, partnership,   |                                       | ated and unincorporated busi  | nesses, including an interest in                 |  |
|      | Yes. Give specific information about them  | Name of entity                        |   | % of ownership:                                  |  |
|      |  |                                       |   | _  |  |
|      |  |                                       |   |  |  |

Official Form 106A/B Schedule A/B: Property page 5

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| Deb | tor 1      | Anthony                                   |  | Lacour                                | Case number (if known)         |  |
|-----|------------|---|--|---------------------------------------|--------------------------------|--|
|     |            | First Name                                | Middle Name  | Last Name                             |                                |  |
| 20. | Neg<br>Nor | otiable instruments ir                    | orate bonds and other negotiab<br>nclude personal checks, cashiers' ci<br>nts are those you cannot transfer to | hecks, promissory notes, and mo       | oney orders.                   |  |
|     |            | Yes. Give specific information about them | Issuer name:   |                                       |                                |  |
|     |            |   | ,  |                                       |                                |  |
| 21. |            | irement or pension                        |  |                                       |                                |  |
|     | Exa        | mples: Interests in IR No                 | RA, ERISA, Keogh, 401(k), 403(b), 1  | thrift savings accounts, or other p   | ension or profit-sharing plans |  |
|     |            | Yes. List each                            | Type of account:   | Institution name:                     |                                |  |
|     |            | account separately.                       | 401(k) or similar plan:  |                                       |                                |  |
|     |            |   | Pension plan:  |                                       |                                |  |
|     |            |   | IRA:   |                                       |                                |  |
|     |            |   | Retirement account: Keogh:   |                                       |                                |  |
|     |            |   | Additional account:  |                                       |                                |  |
|     |            |   | Additional account:  |                                       |                                |  |
| 22. | You<br>Exa |   | deposits you have made so that you with landlords, prepaid rent, public u                                      |                                       |                                |  |
|     |            | Yes                                       | Electric:  |                                       |                                |  |
|     |            |   | Gas:   |                                       |                                |  |
|     |            |   | Heating oil:   |                                       | _                              |  |
|     |            |   | Security deposit on rental unit:   |                                       |                                |  |
|     |            |   | Prepaid rent:  |                                       |                                |  |
|     |            |   | Telephone:   |                                       |                                |  |
|     |            |   | Water:   |                                       |                                |  |
|     |            |   | Rented furniture:  |                                       |                                |  |
|     |            |   | Other:   |                                       |                                |  |
| 23. | Anr        | nuities (A contract for No<br>Yes         | r a periodic payment of money to yo<br>Issuer name and description:  | u, either for life or for a number of | years)                         |  |
|     |            |   |  |                                       |                                |  |
|     |            |   |  |                                       |                                |  |

Official Form 106A/B Schedule A/B: Property page 6

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| Debt | tor 1 Anthony First Name   | Lacour Case number (if known)  Middle Name Last Name   |  |  |  |
|------|--|--|--|--|--|
| 24.  | Interests in an education IRA, in a  | an account in a qualified ABLE program, or under a qualified state tuition prog  | ram.   |  |  |
|      | 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  |  |  |  |  |
|      | ✓ No Institution name and d  | description. Separately file the records of any interests.11 U.S.C. § 521(c):  |  |  |  |
|      |  |  |  |  |  |
|      | -  |  |  |  |  |
| 25.  | Trusts, equitable or future interes exercisable for your benefit   | sts in property (other than anything listed in line 1), and rights or powers   |  |  |  |
|      | ✓ No   |  |  |  |  |
|      | Yes. Describe  |  |  |  |  |
| 26.  |  | trade secrets, and other intellectual property   |  |  |  |
|      |  | rebsites, proceeds from royalties and licensing agreements   |  |  |  |
|      | ✓ No  Yes. Describe  |  |  |  |  |
|      |  |  |  |  |  |
| 27.  | Licenses, franchises, and other go<br>Examples: Building permits, exclusive  | eneral intangibles<br>e licenses, cooperative association holdings, liquor licenses, professional licenses   |  |  |  |
|      | <b>✓</b> No  |  |  |  |  |
|      | Yes. Describe  |  |  |  |  |
|      |  |  |  |  |  |
| Mar  | and as propositive according to the con-   | , O  | Current value of the   |  |  |
| Mor  | ney or property owed to you  | ?  | Current value of the portion you own? Do not deduct secured claims or exemptions.  |  |  |
|      | ney or property owed to you  Tax refunds owed to you   | ?  | portion you own?   |  |  |
|      |  | ?  | portion you own?  Do not deduct secured  |  |  |
|      | Tax refunds owed to you  ✓ No  — Yes. Give specific information  | Federal:   | portion you own?  Do not deduct secured  |  |  |
|      | Tax refunds owed to you  No Yes. Give specific information about them, including wheth you already filed the returns   | Federal:   | portion you own?  Do not deduct secured claims or exemptions.  |  |  |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including wheth you already filed the returns and the tax years   | Federal:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00   |  |  |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including wheth you already filed the returns and the tax years   | Federal: State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00   |  |  |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including wheth you already filed the returns and the tax years   | Federal: State: Local: ony, spousal support, child support, maintenance, divorce settlement, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00   |  |  |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, including wheth you already filed the returns and the tax years  Family support Examples: Past due or lump sum alime  | Federal: State: Local: ony, spousal support, child support, maintenance, divorce settlement, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00   |  |  |
| 28.  | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including wheth you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimo  | Federal: State: Local: ony, spousal support, child support, maintenance, divorce settlement, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00   |  |  |
| 28.  | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including wheth you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimo  | Federal: State: Local: ony, spousal support, child support, maintenance, divorce settlement, property settlemer Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00   |  |  |
| 28.  | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including wheth you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimo  | Federal: State: Local: ony, spousal support, child support, maintenance, divorce settlement, property settlemer  Alimony: Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  \$0.00 \$0.00 \$0.00   |  |  |
| 28.  | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including wheth you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimo ✓ No  Yes. Give specific information   | Federal: State: Local: ony, spousal support, child support, maintenance, divorce settlement, property settlement.  Alimony: Maintenance: Support: Divorce settlement   | ## Solution ## Sol |  |  |
| 28.  | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including wheth you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimo ✓ No  Yes. Give specific information  Other amounts someone owes you  Examples: Unpaid wages, disability institution                   | Federal: State: Local: ony, spousal support, child support, maintenance, divorce settlement, property settlement.  Alimony: Maintenance: Support: Divorce settlement   | ## Solution ## Sol |  |  |
| 28.  | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including wheth you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimo ✓ No  Yes. Give specific information  Other amounts someone owes you  Examples: Unpaid wages, disability institution                   | Federal: State: Local:  ony, spousal support, child support, maintenance, divorce settlement, property settlement.  Alimony: Maintenance: Support: Divorce settlement Property settlement Property settlement Property settlement Property settlement Support: Divorce settlement Property settlement Property settlement Support: Divorce settlement Property settlement Property settlement Support: Divorce settlement Property settlement Support: Divorce settlement Property settlement Support: Divorce settlement Property settlement Support: | ## Solution ## Sol |  |  |
| 28.  | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including wheth you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimo  No  Yes. Give specific information  Other amounts someone owes you Examples: Unpaid wages, disability in Social Security benefits; un | Federal: State: Local:  ony, spousal support, child support, maintenance, divorce settlement, property settlement.  Alimony: Maintenance: Support: Divorce settlement Property settlement Property settlement Property settlement Property settlement Support: Divorce settlement Property settlement Property settlement Support: Divorce settlement Property settlement Property settlement Support: Divorce settlement Property settlement Support: Divorce settlement Property settlement Support: Divorce settlement Property settlement Support: | ## Solution ## Sol |  |  |

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| Deb | tor 1 Anthony   | Lacour                                 | Case number (if known)                          |  |  |  |
|-----|---|--|---|--|--|--|
|     | First Name Middle Name  | Last Name                              | <del></del>                                     |  |  |  |
| 31. | Interests in insurance policies  Examples: Health, disability, or life insurance; hea   | alth savings account (HSA); credit, ho | meowner's, or renter's insurance                |  |  |  |
|     | ✓ No  Yes. Name the insurance company of each policy and list its value   | Company name:                          | Beneficiary:                                    | Surrender or refund value:   |  |  |
| 32. | Any interest in property that is due you from a lift you are the beneficiary of a living trust, expect p property because someone has died.  No Yes. Describe |  | r are currently entitled to receive             |  |  |  |
| 33. | Claims against third parties, whether or not y Examples: Accidents, employment disputes, insur  |  | lemand for payment                              |  |  |  |
| 34. | Other contingent and unliquidated claims of to set off claims  No Yes. Describe   | every nature, including countercl      | aims of the debtor and rights                   |  |  |  |
| 35. | Any financial assets you did not already list  No Yes. Describe   |  |   |  |  |  |
| 36. | Add the dollar value of all of your entries fror for Part 4. Write that number here   |  |   | \$100.00   |  |  |
|     | Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |  |   |  |  |  |
| 37. | Do you own or have any legal or equitable int   | erest in any business-related prope    | erty?   |  |  |  |
|     | No. Go to Part 6. Yes. Go to line 38.   |  | pe<br>Di  | urrent value of the ortion you own? o not deduct secured claims exemptions |  |  |
| 38. | Accounts receivable or commissions you alre   | ady earned                             |   |  |  |  |
|     | ✓ No  Yes. Describe   |  |   |  |  |  |
| 39. | Office equipment, furnishings, and supplies Examples: Business-related computers, software.  No   | , modems, printers, copiers, fax mach  | ines, rugs, telephones, desks, chairs, electror | nic devices  |  |  |
|     | Yes. Describe   |  |   |  |  |  |

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| Deb   | tor 1 Anthony                         | Lacour Case number (if known)   |   |
|-------|---------------------------------------|---|---|
| 40.   | First Name  Machinery fixtures ed     | Middle Name Last Name  quipment, supplies you use in business, and tools of your trade                                    |   |
| +∪.   |                                       | pulpinone, supplies you use in business, and tools of your trade  |   |
|       | ✓ No  Yes. Describe                   |   |   |
|       | Too. Describe                         |   |   |
|       |                                       |   |   |
| 41.   | Inventory                             |   |   |
|       | ✓ No                                  |   |   |
|       | Yes. Describe                         |   |   |
|       | -                                     |   |   |
| 42.   | Interests in partnersh                | ips or joint ventures   |   |
|       | ✓ No                                  | Name of entity: % of ownership:   |   |
|       | Yes. Give specific                    | rvaine of entity. 70 or ownership.  |   |
|       | information about<br>them             |   |   |
|       |                                       |   |   |
|       |                                       | ·   | ·                                       |
| 43. ( | Customer lists, mailing               | lists, or other compilations  |   |
|       | ✓ No                                  |   |   |
|       | Yes. Do your lists in                 | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?   |   |
|       | □ No                                  |   |   |
|       | Yes. Desc                             | ribe  |   |
|       |                                       | P. Lord allow to Park   |   |
| 44.   |                                       | property you did not already list   |   |
|       | V No                                  |   | _                                       |
|       | Yes. Give specific information        |   |   |
|       |                                       |   |   |
|       |                                       |   |   |
|       |                                       |   |   |
|       |                                       |   | <u> </u>                                |
|       |                                       |   |   |
|       |                                       |   |   |
|       |                                       | Ill of your entries from Part 5, including any entries for pages you have attached  |   |
|       |                                       |   |   |
| Part  |                                       | Farm- and Commercial Fishing-Related Property You Own or Have an Interest I<br>n interest in farmland, list it in Part 1. | n.                                      |
| 46.   | Do you own or have a                  | any legal or equitable interest in any farm- or commercial fishing-related property?                                      |   |
|       | ✓ No. Go to Part 7.                   |   | Current value of the                    |
|       | Yes. Go to line 47.                   |   | portion you own?  Do not deduct secured |
|       | _                                     |   | claims                                  |
|       | <b>.</b>                              |   | or exemptions                           |
| 47.   | Farm animals  Examples: Livestock, po | ultry, farm-raised fish   |   |
|       |                                       |   |   |
|       | ✓ No  Yes. Describe                   |   |   |
|       |                                       |   |   |
|       |                                       |   |   |

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| Debt  | or 1                               | Anthony  | Lacour                      | Case number (if known)         |             |
|---|------------------------------------|--|-----------------------------|--------------------------------|-------------|
| 40  | 0                                  | First Name Middle Name   | Last Name                   |                                |             |
| 48.   | _                                  | pps-either growing or harvested  |                             |                                |             |
|   |                                    | No   |                             |                                |             |
|   | Ш                                  | Yes. Describe  |                             |                                |             |
|   |                                    |  |                             |                                |             |
| 49.   | Far                                | m and fishing equipment, implements, machinery, f  | ixtures, and tools of trade |                                |             |
|   | <b>V</b>                           | No   |                             |                                |             |
|   | Ħ                                  | Yes. Describe  |                             |                                |             |
|   | _                                  |  |                             |                                |             |
| ΕO  | Eor                                | m and fighing cumpling shamingle and food  |                             |                                |             |
| 50.   | _                                  | m and fishing supplies, chemicals, and feed  |                             |                                |             |
|   |                                    | No   |                             |                                |             |
|   | Ш                                  | Yes. Describe  |                             |                                |             |
|   | -                                  |  |                             |                                |             |
| 51.   | Any                                | y farm- and commercial fishing-related property you  | did not already list        |                                |             |
|   | <b>✓</b>                           | No   |                             |                                |             |
|   |                                    | Yes. Describe  |                             |                                |             |
|   |                                    |  |                             |                                |             |
|   | -                                  |  |                             | ,                              |             |
|   |                                    | ne dollar value of all of your entries from Part 6, incl<br>. Write that number here   |                             | -                              |             |
| ior Pa  | art o.                             | . Write that number here   |                             |                                |             |
|   |                                    |  |                             |                                |             |
| 5 (   | _                                  | Describe All Brancotto Very Comment Have   | . Interest in That Vari     | Did Not Lint Above             |             |
| Part  |                                    | Describe All Property You Own or Have an   |                             | Did Not List Above             |             |
|   |                                    | you have other property of any kind you did not alre<br>mples: Season tickets, country club membership   | ady list?                   |                                |             |
|   | <b>✓</b>                           | No   |                             |                                |             |
|   | П                                  | Yes. Give specific   |                             |                                |             |
|   |                                    | information  |                             |                                |             |
|   |                                    |  |                             |                                |             |
|   |                                    |  |                             |                                |             |
| 54. Ad  | dd th                              | ne dollar value of all of your entries from Part 7. Writ   | e that number here          |                                |             |
|   |                                    |  |                             |                                |             |
|   |                                    |  |                             |                                |             |
| Part  | 8:                                 | List the Totals of Each Part of this Form  |                             |                                |             |
|   | •                                  |  |                             |                                |             |
|   | art 1                              | 1: Total real estate, line 2   |                             | <b>&gt;</b>                    |             |
| 55. <b>P</b>  |                                    |  |                             |                                |             |
|   | ort S                              | total vehicles line 5  |                             |                                |             |
| 56. <b>p</b>  |                                    | 2 total vehicles, line 5   | \$7012.50                   | _                              |             |
| 56. <b>p</b>  |                                    | 2 total vehicles, line 5<br>5: Total personal and household items, line 15   | \$7012.50<br>\$1275.00      | _<br>_                         |             |
| 56. <b>p</b>  | art 3                              |  |                             | _<br>_                         |             |
| 56. <b>p</b> 57. <b>P</b> 58. <b>P</b>  | art 3<br>art 4                     | : Total personal and household items, line 15  | \$1275.00                   | _<br>_<br>_                    |             |
| 56. <b>p</b> 57. <b>P</b> 58. <b>P</b> 59. <b>P</b>                           | art 3<br>art 4<br>Part 5           | e: Total personal and household items, line 15<br>e: Total financial assets, line 36<br>for Total business-related property, line 45   | \$1275.00                   | _<br>_<br>_<br>_               |             |
| 56. <b>p</b> 57. <b>P</b> 58. <b>P</b> 59. <b>P</b> 60. <b>P</b>              | art 3<br>art 4<br>Part (           | 2: Total personal and household items, line 15<br>2: Total financial assets, line 36<br>5: Total business-related property, line 45<br>6: Total farm- and fishing-related property, line 52  | \$1275.00                   |                                |             |
| 56. <b>p</b> 57. <b>P</b> 58. <b>P</b> 59. <b>P</b> 60. <b>P</b>              | art 3<br>art 4<br>Part (           | e: Total personal and household items, line 15<br>e: Total financial assets, line 36<br>for Total business-related property, line 45   | \$1275.00                   |                                |             |
| 56. <b>p</b> 57. <b>P</b> 58. <b>P</b> 59. <b>P</b> 60. <b>P</b> 61. <b>P</b> | art 3<br>art 4<br>Part 9<br>Part 6 | 2: Total personal and household items, line 15<br>2: Total financial assets, line 36<br>5: Total business-related property, line 45<br>6: Total farm- and fishing-related property, line 52  | \$1275.00<br>\$100.00       |                                | + \$8387.50 |
| 56. p<br>57.Pa<br>58.Pa<br>59. P<br>60. P                                     | art 3<br>art 4<br>Part 9<br>Part 6 | 2: Total personal and household items, line 15<br>3: Total financial assets, line 36<br>5: Total business-related property, line 45<br>6: Total farm- and fishing-related property, line 52<br>7: Total other property not listed, line 54 | \$1275.00<br>\$100.00       | Copy personal property total ▶ | + \$8387.50 |
| 56. p<br>57.Pa<br>58.Pa<br>59. P<br>60. P                                     | art 3<br>art 4<br>Part 9<br>Part 6 | 2: Total personal and household items, line 15<br>3: Total financial assets, line 36<br>5: Total business-related property, line 45<br>6: Total farm- and fishing-related property, line 52<br>7: Total other property not listed, line 54 | \$1275.00<br>\$100.00       | Copy personal property total ▶ | + \$8387.50 |

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| Fill in this information to identify your case: |                                 |             |                              |  |  |
|---|---------------------------------|-------------|------------------------------|--|--|
| Debtor 1  | Anthony<br>First Name           | Middle Name | Lacour<br>Last Name          |  |  |
| Debtor 2<br>(Spouse, if fili                    | <sup>ng)</sup> First Name       | Middle Name | Last Name                    |  |  |
| United States Bankruptcy Court for the:         |                                 | Northern    | District of Illinois (State) |  |  |
| Case number (If known)                          | Case number (State)  (If known) |             |                              |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par      | Part 1: Identify the Property You Claim as Exempt  |   |   |                                    |  |  |
|----------|--|---|---|------------------------------------|--|--|
| 1.<br>2. | Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.  ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |   |                                    |  |  |
|          | Brief description of the property and line on Schedule A/B that lists this property  | Current value of<br>the portion you<br>own  Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |  |  |
|          | Brief description:  Used Clothing  Line from Schedule A/B: 11  | \$0.00  | \$0  100% of fair market value, up to any applicable statutory limit      | 735 ILCS 5/12-1001(a)              |  |  |
|          | Brief description:  Used Furniture  Line from Schedule A/B: 06   | \$0.00  | \$0  100% of fair market value, up to any applicable statutory limit      | 735 ILCS 5/12-1001(b)              |  |  |
| 3.       | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  No  Yes. Did you acquire the property covery  No  Yes  | 3 years after that for ca   |   |                                    |  |  |

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| ebtor 1 Anthony   |   | Lacour Case number (if known  | )  |
|---|---|---|--|
| First Name Mid  | Idle Name   | Last Name   |  |
| art 2: Additional Page  |   |   |  |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption           |
| Brief description:  | \$0.00  | <b>▽</b>  | 735 ILCS 5/12-1001(b)                        |
| South Side Federal Credit Union Line from   |   | \$0 100% of fair market value, up to any applicable statutory limit       | _  |
| Schedule A/B: 17 Brief  | <b>#0.00</b>  |   | 735 ILCS 5/12-1001(b)                        |
| description: South Side Federal Credit Union  | \$0.00  | \$0  100% of fair market value, up to any applicable statutory limit      | _  |
| Line from Schedule A/B:17   |   | applicable statutory limit  |  |
| Brief description:  | \$0.00  | <b>✓</b> so   | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| Audi, A4, 2006, 2006 Audi A4 Line from  |   | 100% of fair market value, up to any applicable statutory limit           | _  |
| Schedule A/B:03 Brief description:  | \$50.00   | <b>₹</b>  | 735 ILCS 5/12-1001(b)                        |
| Misc. Jewelry Line from   |   | \$50.00  100% of fair market value, up to any applicable statutory limit  | <u> </u>                                     |
| Schedule A/B: 12  Brief description:  | \$125.00  | <b>▽</b>  | 735 ILCS 5/12-1001(b)                        |
| Misc. Electronics  Line from Schedule A/B: 07                                       |   | \$125.00  100% of fair market value, up to any applicable statutory limit | _  |

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| Fill in                  | this inform                                     | nation to identify your case:  |   |  |   |                                       |
|--------------------------|---|--|---|--|---|---------------------------------------|
|                          |   |  |   |  |   |                                       |
| Debto                    | or 1  | Anthony<br>First Name  | Lacour  Middle Name Last Name   |  |   |                                       |
| Dobte                    | ~ · · ·   | riistivaille   | Middle Name Last Name   |  |   |                                       |
| Debto<br>(Spou           |   | First Name   | Middle Name Last Name   |  |   |                                       |
| Unite                    | d States B                                      | ankruptcy Court for the:   | Northern District of Illinois   |  |   |                                       |
| Case                     | number  |  | (State)   |  |   |                                       |
| (If kno                  | wn)   |  |   |  |   |                                       |
| Off                      | icial F   | Form 106D  |   |  |   | Check if this is an<br>amended filing |
|                          |   |  | ors Who Have Claims Secur   | ed by Pro  |   | 12/15                                 |
| Be as<br>space<br>and ca | complete<br>is needed<br>ase numb<br>Do any cre | and accurate as possibled, copy the Additional Pa<br>er (if known).<br>Peditors have claims secu | le. If two married people are filing together, both are equal age, fill it out, number the entries, and attach it to this form  | ly responsible for s<br>a. On the top of any           | upplying correct infor<br>additional pages, wri       |                                       |
|                          |   | ill in all of the information b  | ,   | eise to report on this i                               | ioini.  |                                       |
|                          |   |  | olom.   |  |   |                                       |
| Part '                   |   | All Secured Claims   | a harana a tha ann an a   | Oak was A  | Oak was D   | Only was 0                            |
| 2.                       | for each o                                      | claim. If more than one cre-   | r has more than one secured claim, list the creditor separately ditor has a particular claim, list the other creditors in Part 2. As alphabetical order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any     |
| 2.1                      | Santande<br>Creditor's                          | r Consumer USA   | Describe the property that secures the claim:   | \$9,246.00   | \$4,100.00  | \$5,146.00                            |
|                          | PO Box  |  |   |  |   |                                       |
|                          | Numbe   | er Street  | 2006 Audi A4  As of the date you file, the claim is: Check all that apply.  |  |   |                                       |
|                          |   |  | Contingent  |  |   |                                       |
|                          | Fort<br>Worth                                   | Texas 76161  | Unliquidated  |  |   |                                       |
|                          | City  | State ZIP Code   | Disputed  |  |   |                                       |
|                          |   | es the debt? Check one.  |   |  |   |                                       |
|                          |   | or 1 only  | Nature of lien. Check all that apply.   |  |   |                                       |
|                          |   | or 2 only  | An agreement you made (such as mortgage or secured car loan)  |  |   |                                       |
|                          | Debt  | or 1 and Debtor 2 only   | Statutory lien (such as tax lien, mechanic's lien)  |  |   |                                       |
|                          | At lea  | ast one of the debtors and   | Judgment lien from a lawsuit  |  |   |                                       |
|                          |   | ck if this claim relates   | Other (including a right to offset)   |  |   |                                       |
|                          | to a  | community debt   |   |  |   |                                       |
|                          | Date deb<br>incurred                            | t was <u>8/1/2015</u>  | Last 4 digits of account number1000   |  |   |                                       |
| 2.2                      | WFDS  |  |   | \$8,050.00   | \$5.825.00  | \$2,225.00                            |
|                          | Creditor's PO BOX                               |  | Describe the property that secures the claim:   | <del></del>  |   | <u> </u>                              |
|                          | Numbe   |  | 2010 Chrysler Town & Country  As of the date you file, the claim is: Check all that apply.  |  |   |                                       |
|                          | IRVINE  | California 92623   | Contingent  |  |   |                                       |
|                          | City  | State ZIP Code   | Unliquidated  |  |   |                                       |
|                          |   | es the debt? Check one.  | Disputed  |  |   |                                       |
|                          |   | or 1 only  | Nature of lien. Check all that apply.   |  |   |                                       |
|                          |   | or 2 only  | An agreement you made (such as mortgage or secured  |  |   |                                       |
|                          |   | or 1 and Debtor 2 only   | car loan)   |  |   |                                       |
|                          | At lea  | ast one of the debtors and<br>ner  | Statutory lien (such as tax lien, mechanic's lien)  |  |   |                                       |
|                          |   | ck if this claim relates   | Judgment lien from a lawsuit  |  |   |                                       |
|                          | Date deb  | community debt<br>t was <u>1/1/2015</u>  | Other (including a right to offset)   |  |   |                                       |
|                          | incurred  |  | Last 4 digits of account number 0214  |  |   |                                       |
|                          |   | Add the dollar value of y  | our entries in Column A on this page. Write that  | \$17,296.00  |   |                                       |

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| Fill in   | this inforn   | nation to identify your case  | e:  |  |  |   |   |  |   |
|---|---|---|---|--|--|---|---|--|---|
| Debte   | or 1  | Anthony   |   |  | Lacour   |   |   |  |   |
| Debte   | or 2  | First Name  | Middle Nan  | ne   | Last Name  |   |   |  |   |
|   |   | First Name  | Middle Nan  | ne   | Last Name  |   |   |  |   |
| Unite   | d States B  | Bankruptcy Court for the:   | Northern  |  | District of Illinois   |   |   |  |   |
| Case  | number  |   |   |  | (State)  |   |   |  |   |
| (If kno   |   |   |   |  |  |   |   |  | 1 160                                   |
|   |   | orm 106E/F  |   |  |  |   | _   | ck if this is an                                   | amended filing                          |
| Sc  | hedı  | ule E/F: Cre  | editors Wh  | no t                                       | lave Unsecur   | ed Claims   | i   |  | 12/1                                    |
| party t<br>106A/I<br>that a<br>entries<br>known | to any exe<br>B) and on<br>re listed i<br>s in the b<br>n). | ecutory contracts or und<br>Schedule G: Executory<br>n Schedule D: Creditors                    | expired leases that on<br>y Contracts and Une<br>s Who Hold Claims<br>the Continuation Pa | could re<br>expired<br>Secured<br>age to t | with PRIORITY claims and Pasult in a claim. Also list execu<br>Leases (Official Form 106G). I<br>d by Property. If more space i<br>his page. On the top of any ad                            | tory contracts on <i>Sci</i><br>Do not include any cr<br>s needed, copy the P | hedule A/B:<br>editors with<br>art you need | Property (Of<br>partially sec<br>d, fill it out, n | ficial Form<br>ured claims<br>umber the |
|   |   | reditors have priority un   |   |  | ?  |   |   |  |   |
| ,   |   | Go to Part 2.   |   | , , ,                                      |  |   |   |  |   |
| '   | ✓ Yes.  |   |   |  |  |   |   |  |   |
|   | listed, ider<br>much as p<br>Continuati                     | ntify what type of claim it is<br>possible, list the claims in a<br>ion Page of Part 1. If more | s. If a claim has both pr<br>alphabetical order acc<br>e than one creditor hol            | riority an<br>ording to<br>lds a pai       | e than one priority unsecured cla<br>d nonpriority amounts, list that cl<br>o the creditor's name. If you have<br>ticular claim, list the other credit<br>his form in the instruction bookle | aim here and show bot<br>e more than two priority<br>ors in Part 3.           | h priority and                              | nonpriority an                                     | nounts. As                              |
|   |   |   |   |  |  |   | Total                                       | Priority   | Nonpriority                             |
| 2.1   | Alexande  | r Vvette  |   | _  |  |   | <b>claim</b> \$0.00                         | \$0.00   | \$0.00                                  |
| 2.1   | Priority C  | Creditor's Name   |   |  | digits of account number   | - 1-  | φυ.υυ                                       | φυ.υυ  | φυ.υυ                                   |
|   | 333 S. G.<br>Number   | rand Ave<br>Street  |   |  | was the debt incurred?   | n/a   |   |  |   |
|   |   |   |   |  | the date you file, the claim is: ontingent   | Check all that apply.   |   |  |   |
|   | Lansing   | Michigan  | 48909   |  | nliquidated  |   |   |  |   |
|   | City  | State   | Zip Code  |  | isputed  |   |   |  |   |
|   |   | curred the debt? Check tor 1 only   | one.  |  | of PRIORITY unsecured claim  | :   |   |  |   |
|   |   | tor 2 only  |   |  | omestic support obligations  |   |   |  |   |
|   | Debt  | tor 1 and Debtor 2 only   |   |  | axes and certain other debts you   | owe the government  |   |  |   |
|   | At le   | ast one of the debtors and  | another   | _ c  | laims for death or personal injury   | while you were  |   |  |   |
|   |   | ck if this claim relates to   | o a community   |  | toxicated<br>ther. Specify   |   |   |  |   |
|   | deb   | t<br>aim subject to offset?   |   | П  |  |   |   |  |   |
|   | ✓ No  | ann subject to onset:   |   |  |  |   |   |  |   |
|   | Yes   |   |   |  |  |   |   |  |   |
| 2.2   |   | Department of Health and  | d Human   | Last 4                                     | digits of account number   |   | \$14,000.00                                 | \$14,000.00  | \$0.00                                  |
|   | Services<br>Priority C                                      | Creditor's Name   |   |  | was the debt incurred?   | n/a   |   |  |   |
|   | 333 S. Gi<br>Number   | rand Ave<br>Street  |   | As of                                      | the date you file, the claim is:   | Check all that apply.   |   |  |   |
|   |   |   |   |  | ontingent  | 11.7  |   |  |   |
|   | Longing   | Michigan  | 49000   | Πυ   | nliquidated  |   |   |  |   |
|   | <u>Lansing</u><br>City                                      | Michigan<br>State   | 48909<br>Zip Code   |  | isputed  |   |   |  |   |
|   |   | curred the debt? Check tor 1 only   | one.  | Type o                                     | of PRIORITY unsecured claim  | :   |   |  |   |
|   |   | tor 2 only  |   | <b>✓</b> D                                 | omestic support obligations  |   |   |  |   |
|   | =   | tor 1 and Debtor 2 only   |   | Ta   | axes and certain other debts you   | owe the government  |   |  |   |
|   |   | ast one of the debtors and  | lanother  |  | laims for death or personal injury<br>toxicated  | while you were  |   |  |   |
|   | =   | ck if this claim relates to   |   |  | ther. Specify  |   |   |  |   |
|   | deb   | t   | o a community   |  |  |   |   |  |   |
|   |   | aim subject to offset?  |   |  |  |   |   |  |   |
| Offi  | Yes   | 106E/F  | Schedu  | ile E/F:                                   | Creditors Who Have Unsecur   | ed Claims   |   | ţ  | page 1                                  |

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| Debto  |  |   |                  |
|--------|--|---|------------------|
|        |  | Name  |                  |
| Part 2 | List All of Your NONPRIORITY Unsecured Claims                        | 5   |                  |
| 3.     | Do any creditors have nonpriority unsecured claims against you       | 1?  |                  |
|        | No. You have nothing to report in this part. Submit this form to the | court with your other schedules.  |                  |
|        | ✓ Yes.   |   |                  |
| 4.     | List all of your nonpriority unsecured claims in the alphabetical    | order of the creditor who holds each claim. If a creditor has more                                      | han one priority |
|        |  | claim listed, identify what type of claim it is. Do not list claims already in                          |                  |
|        | ·  | s in Part 3.If you have more than four priority unsecured claims fill out t                             | he Continuation  |
|        | Page of Part 2.  |   |                  |
|        |  |   | Total claim      |
| 4.1    | AD ASTRA RECOVERY SERV   | Last 4 digits of account number 3986  | \$268.00         |
|        | Nonpriority Creditor's Name<br>7330 W 33RD ST N STE 118              | When was the debt incurred? 2/1/2016  |                  |
|        | Number Street  | when was the dept incurred? 2/1/2010  |                  |
|        |  | As of the date you file, the claim is: Check all that apply.  |                  |
|        | WICHITA Kansas 67205   | Contingent  |                  |
|        | City State Zip Code  | Unliquidated  |                  |
|        | Who incurred the debt? Check one.                                    | Disputed  |                  |
|        | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                  |
|        | Debtor 2 only  |   |                  |
|        | Debtor 1 and Debtor 2 only   | Student loans   |                  |
|        | At least one of the debtors and another                              | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                  |
|        | Check if this claim relates to a community debt                      | Debts to pension or profit-sharing plans, and other similar   |                  |
|        | Is the claim subject to offset?                                      | debts   |                  |
|        | No   | ✓ 001 Collection; Collecting for  |                  |
|        |  | ORIGINAL CREDITOR: SPEEDY Other. Specify CASH 128   |                  |
|        | Yes  | Other. Specify CASIT 120  |                  |
| 4.2    | Carey & Carey  | Last 4 digits of account number   | \$400.00         |
|        | Nonpriority Creditor's Name<br>13004 Western Ave,                    | When was the debt incurred?   |                  |
|        | Number Street  |   |                  |
|        |  | As of the date you file, the claim is: Check all that apply.  |                  |
|        |  | Contingent  |                  |
|        | Blue Island Illinois 60406   | Unliquidated  |                  |
|        | City State Zip Code  | Disputed  |                  |
|        | Who incurred the debt? Check one.  Debtor 1 only                     | Type of NONPRIORITY unsecured claim:  |                  |
|        |  | Student loans   |                  |
|        | Debtor 2 only  |   |                  |
|        | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                  |
|        | At least one of the debtors and another                              | Debts to pension or profit-sharing plans, and other similar   |                  |
|        | Check if this claim relates to a community debt                      | debts   |                  |
|        | Is the claim subject to offset?                                      | ✓ Other. Specify Attorney Fees  |                  |
|        | ✓ No   |   |                  |
|        | Yes  |   |                  |
| 4.3    | check into Cash  |   | 00.00            |
| 4.3    | Nonpriority Creditor's Name  | Last 4 digits of account number   | \$0.00           |
|        | 1637 S. Cicero   | When was the debt incurred?n/a  |                  |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.  |                  |
|        |  | Contingent  |                  |
|        | Cicero Illinois 60804  | Unliquidated  |                  |
|        | City State Zip Code Who incurred the debt? Check one.                |   |                  |
|        | Debtor 1 only  | Disputed  |                  |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                  |
|        | Debtor 1 and Debtor 2 only   | Student loans   |                  |
|        | <u>'</u>   | Obligations arising out of a separation agreement or divorce  |                  |
|        | At least one of the debtors and another                              | that you did not report as priority claims  |                  |
|        | Check if this claim relates to a community debt                      | Debts to pension or profit-sharing plans, and other similar   |                  |
|        | Is the claim subject to offset?                                      | debts  Other. Specify  Payday Loan  |                  |
|        | ✓ No   | T ayuay Loan  |                  |
|        | Yes  |   |                  |

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Debtor 1 Anthony Lacour Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Check 'N Go \$120.00 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name 5638 W Fullerton When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Illinois 60639 Chicago Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify\_ Payday Loan **✓** No Yes 4.5 City of Chicago Parking \$9,490.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60602 Chicago Illinois Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Parking Tickets Other. Specify **V** No Yes 4.6 ComEd \$1,300.00 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred? As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Oakbrook Terrace Illinois 60181 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify \_\_\_\_ Electric Bill **✓** No

Yes

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| Debto  |   | acour Case number (if known)  |             |
|--------|---|---|-------------|
|        | First Name Middle Name L                                      | ast Name  | _           |
| Part 2 | Your NONPRIORITY Unsecured Claims - Continue                  | nuation Page  |             |
|        | After listing any entries on this page, number them beginning |   | Total claim |
| 4.7    | CONVERGENT OUTSOURCING Nonpriority Creditor's Name            | Last 4 digits of account number 9333  | \$120.00    |
|        | Po Box 9004   | When was the debt incurred?5/1/2015   |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        | Renton Washington 98057                                       | Contingent  |             |
|        | City State Zip Code   | Unliquidated  |             |
|        | Who incurred the debt? Check one.                             | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce  |             |
|        | At least one of the debtors and another                       | that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Is the claim subject to offset?                               | ✓ 001 Collection; Collecting for  |             |
|        | No  | ORIGINAL CREDITOR:  |             |
|        | Yes   | Other. Specify COMCAST  |             |
| 4.8    | FEDERAL PACIFIC CREDIT Nonpriority Creditor's Name            | Last 4 digits of account number   | \$540.00    |
|        | 1795 Printers Row   | When was the debt incurred?n/a  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | West Valley City Utah 84119 City State Zip Code               | Unliquidated  |             |
|        | Who incurred the debt? Check one.                             | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce  |             |
|        | At least one of the debtors and another                       | that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Is the claim subject to offset?                               | Other. Specify Loan   |             |
|        | No Van  | _   |             |
| _      | ∐ Yes   |   |             |
| 4.9    | FIRST PREMIER BANK Nonpriority Creditor's Name                | Last 4 digits of account number   | \$441.00    |
|        | Jefferson Capital Systems, LLC PO Box 7999                    | When was the debt incurred? 6/1/2009  |             |
|        | Number Street<br>c/o Kelly Lukason                            | As of the date you file, the claim is: Check all that apply.  |             |
|        | Saint Cloud Minnesota 56302                                   | Contingent  |             |
|        | City State Zip Code   | Unliquidated  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only              | Disputed  |             |
|        | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 1 and Debtor 2 only                                    | Student loans   |             |
|        | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Is the claim subject to offset?                               | debts   |             |
|        | ✓ No  | ✓ Other. Specify <u>CreditCard</u>  |             |
|        | Yes   |   |             |

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Debtor 1 Anthony Lacour Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim FST PREMIER** 4.10 \$441.00 Last 4 digits of account number Nonpriority Creditor's Name 3820 N LOUISE AVE When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57107 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify \_ CreditCard **✓** No Yes PEOPLES ENGY 4.11 \$1,036.00 Last 4 digits of account number 7391 Nonpriority Creditor's Name 200 EAST RANDOLPH When was the debt incurred? 10/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent 60601 **CHICAGO** Illinois Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only **|~**| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? InstallmentLoan ✓ Other. Specify **✓** No Yes 4.12 **SEARS** \$500.00 Last 4 digits of account number \_ Nonpriority Creditor's Name PO BOX 1990 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **TEMPE** 85280 Arizona City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts ✓ Other. Specify Debt Is the claim subject to offset? **V** No

Yes

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Debtor 1 Anthony Lacour Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 **TMobile** \$200.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 742596 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Cincinnati Ohio 45274 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify Phone BIII Is the claim subject to offset? **✓** No Yes 4.14 University of Chicago Medicine \$1,015.00 Last 4 digits of account number Nonpriority Creditor's Name 15965 Collections Center Dr When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60693 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Medical Bill ✓ Other. Specify \_ **✓** No Yes **VERIZON** 4.15 \$200.00 Last 4 digits of account number Nonpriority Creditor's Name NATIONAL RECOVERY P.O. BOX 26055 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent **MINNEAPOLIS** 55426 Minnesota Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ✓ Other. Specify Phone BIII **✓** No

Yes

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Debtor 1 Anthony Lacour Case number (if known) First Name Middle Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. Total claims \$14,000.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$14,000.00 6e. Total. Add lines 6a through 6d. 6e. Total claims \$0.00 **Total claims** 6f. Student loans 6f. from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$16,071.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$16,071.00 6j. Total. Add lines 6f through 6i. 6j.

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|                   |                                    | D00                          | differit 1 age 30               | 01 07  |                   |
|-------------------|------------------------------------|------------------------------|---------------------------------|--|-------------------|
| Fill in this info | ormation to identify your case     |                              |                                 |  |                   |
| Debtor 1          | Anthony                            |                              | Lacour                          |  |                   |
|                   | First Name                         | Middle Name                  | Last Name                       | _  |                   |
| Debtor 2          | ling) =                            |                              |                                 | _  |                   |
| (Spouse, II III   | ling) First Name                   | Middle Name                  | Last Name                       |  |                   |
| United States     | s Bankruptcy Court for the:        | Northern                     | District of Illinois            |  |                   |
| Case numbe        | ar                                 |                              | (State)                         |  |                   |
| (If known)        |                                    |                              |                                 | _  |                   |
| O(i; ;            | 15 4000                            |                              |                                 | Cho  | eck if this is an |
| Officia           | I Form 106G                        |                              |                                 | ame  | ended filing      |
| Sched             | ule G: Executo                     | ory Contracts                | s and Unexpire                  | d Leases   | 12/15             |
| space is nee      |                                    |                              |                                 | equally responsible for supplying correct informates page. On the top of any additional pages, write y       |                   |
| 1. Do you         | have any executory o               | ontracts or unexpir          | ed leases?                      |  |                   |
| No. C             | Check this box and file this form  | n with the court with your o | ther schedules. You have nothin | ng else to report on this form.  |                   |
| ✓ Yes.            | Fill in all of the information bel | ow even if the contracts or  | leases are listed on Schedule   | A/B: Property (Official Form 106A/B).  |                   |
|                   |                                    |                              |                                 | a state what each contract or lease is for (for exam<br>xamples of executory contracts and unexpired leases. | ıple, rent,       |
| Perso             | on or company with whom            | you have the contract or     | lease                           | State what the contract or lease is for  |                   |
| 2.1 Butler,       | Alfonso                            |                              |                                 | Residential Lease,   |                   |
| Name              |                                    |                              |                                 | Other,<br>Year Lease   |                   |

Number

City

Street

State

Zip Code

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| Fill in the        | his inform         | ation to identify your case   | e:  |                                |                   |                        |  |
|--------------------|--------------------|---|---|--------------------------------|-------------------|------------------------|--|
| Debtor             | 1                  | Anthony   |   | Lacour                         |                   |                        |  |
|                    |                    | First Name  | Middle Name   | Last Name                      |                   |                        |  |
| Debtor             |                    | First Name  | Mistalla Nassa  | Lost None                      |                   |                        |  |
| (Opous             | e, ii iiiiig       | First Name  | Middle Name   | Last Name                      |                   |                        |  |
| United             | States B           | ankruptcy Court for the:  | Northern  | District of Illinois           |                   |                        |  |
| Case n             | umbar              |   |   | (State)                        |                   |                        |  |
| (If know           |                    |   |   |                                |                   |                        |  |
|                    |                    |   |   |                                |                   |                        | Check if this is an  |
|                    |                    |   |   |                                |                   |                        | amended filing   |
| Offic              | cial F             | Form 106H   |   |                                |                   |                        |  |
| Sch                | مطبيا              | e H: Your Co  | odobtors  |                                |                   |                        | 12/15  |
| togethe<br>entries | er, both a         | re equally responsible<br>exes on the left. Attach                          | for supplying correct inf                                   | ormation. If more space is     | needed, c         | opy the Additional     | ble. If two married people are filing<br>Page, fill it out, and number the<br>name and case number (if known). |
| 1.                 | Do you l           | nave any codebtors? (If   | you are filing a joint case, o                              | do not list either spouse as a | codebtor.)        |                        |  |
|                    | ✓ Yes              |   |   |                                |                   |                        |  |
|                    | ldaho, Lo<br>✓ No. | uisiana, Nevada, New Me<br>Go to line 3.<br>. Did your spouse, former<br>No | exico, Puerto Rico, Texas, V<br>spouse, or legal equivalent | Vashington, and Wisconsin.)    |                   |                        | I territories include Arizona, California,   |
|                    | ш                  | res. In which community   | y state of territory did you liv                            | 6: FI                          | II III II IE Hali | e and current addre    | ss of that person.   |
|                    |                    | Name of your spouse, for  | ormer spouse, or legal equiv                                | ralent                         |                   |                        |  |
|                    |                    | Number Street   |   |                                | <u> </u>          |                        |  |
|                    |                    | City  | State   | Zip Code                       |                   |                        |  |
|                    | again as           | a codebtor only if that   | person is a guarantor or                                    | cosigner. Make sure you        | have listed       | the creditor on So     | ou. List the person shown in line 2 chedule D (Official Form 106D), needule G to fill out Column 2.            |
|                    | Column             | 1: Your codebtor  |   |                                |                   |                        | to whom you owe the debt   |
|                    |                    |   |   |                                | Chec              | k all schedules that a | ipply:   |
| 3.1                | LaCour, A          | Anthony   |   |                                | _ п               | Schedule D, line       |  |
|                    | Name               |   |   |                                |                   | •                      | 4 E. 4 C.  |
|                    | NI                 | 2912 West 60th St   |   |                                | <b>✓</b>          | Schedule E/F, line     | 4.5; 4.6;<br>4.7; 4.8;   |
|                    | Number             | Street  | 1022 -  | 00000                          |                   |                        | 4.9; 4.10;   |
|                    | Chicago<br>City    |   | Illinois<br>State   | 60629<br>Zip Code              |                   |                        | 4.11; 4.12   |
|                    | City               |   | Ciaic   | Zip Codo                       |                   |                        |  |

Schedule G, line

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| Fill in this information to iden                              | itify your case:  |                        |                  |                  |   |
|---|---|------------------------|------------------|------------------|---|
| Debtor 1 Anthony First Name                                   | Middle Name   | Lacour<br>Last Name    |                  |                  |   |
| Debtor 2  | Middle Name   | Last Name              |                  |                  | Check if this is:   |
| (Spouse, if filing) First Name                                | Middle Name   | Last Name              |                  |                  | An amended filing   |
| United States Bankruptcy Court for th                         | e: Northern   | District of Illinois   |                  |                  | A supplement showing post-petition chapter 1 expenses as of the following date: |
| Case number (If known)  |   | (Citalo)               |                  |                  | MM / DD / YYYY  |
| Official Form 106l  |   |                        |                  | <del>_</del>     |   |
| Schedule I: Your Ir   | ncome   |                        |                  |                  | 12/1  |
|   | our spouse. If more spa<br>name and case numbe                  | ace is needed,         | attach a s       | eparate sh       | use is not filing with you, do not eet to this form. On the top of any n.       |
| Fill in your employment                                       |   | Debtor 1               |                  |                  | Debtor 2  |
| information.  If you have more than one job,                  | Employment status   | Employed ✓ Not Employ  | red              |                  | Employed  Not Employed  |
| attach a separate page wi<br>information about addition       | 0   |                        |                  |                  |   |
| employers.  | Employer's name   |                        |                  |                  |   |
| Include part time, seasons or                                 | • •   | Number Street          |                  |                  | Number Street   |
| self-employed work.   |   |                        |                  |                  |   |
| Occupation may include<br>student                             |   |                        |                  |                  |   |
| or homemaker, if it applies                                   | S.  |                        |                  |                  |   |
|   |   | City                   | State            | Zip Code         | City State Zip Code   |
|   | How long employed there?  |                        |                  |                  | ·   |
| Part 2: Give Details Abou                                     | ıt Monthly Income   |                        |                  |                  |   |
| Estimate monthly income as of the                             | he date you file this form If y                                 | ou have nothing to r   | apart for any li | no write ¢0 in   | the enges Include your pen filing engues upless                                 |
| you are separated.  | ne date you me this form. If y                                  | ou nave nothing to re  | eportion any 1   | ile, wille au Ir | the space. Include your non-filing spouse unless                                |
|   | more than one employer, comb                                    | ine the information fo | or all employer  | s for that pers  | on on the lines below. If you need more space,                                  |
| attach a separate sheet to this form.                         |   |                        | For De           | btor 1           | For Debtor 2 or non-filing spouse   |
| List monthly gross wages, sa deductions.) If not paid monthly | alary, and commissions (before a calculate what the monthly wag |                        |                  | \$0.00           |   |
| 3. Estimate and list monthly or                               | vertime pay.  | 3.                     |                  | + \$0.00         |   |

4. Calculate gross income. Add line 2 + line 3.

\$0.00

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| Deptor 1 Anti            |   | NATIONAL NAT | Lacoui              | Case number                  | (if known)                        |       |                         |
|--------------------------|---|--|---------------------|------------------------------|-----------------------------------|-------|-------------------------|
| First                    | Name  | Middle Name  | Last Name           | For Debtor 1                 | For Debtor 2 or non-filing spouse |       |                         |
| Copy line 4              | here  |  | 4.                  | \$0.00                       |                                   |       |                         |
|                          | roll deductions:  |  |                     |                              |                                   |       |                         |
| 5a. <b>Tax, M</b> e      | edicare, and Social S   | Security deductions  | 5a.                 | \$0.00                       |                                   |       |                         |
| 5b. <b>Manda</b>         | tory contributions f  | or retirement plans  | 5b.                 | \$0.00                       |                                   |       |                         |
| 5c. Volunta              | ary contributions fo  | r retirement plans   | 5c.                 | \$0.00                       |                                   |       |                         |
| 5d. Requir               | ed repayments of re   | etirement fund loans   | 5d.                 | \$0.00                       |                                   |       |                         |
| 5e. Insurar              | nce   |  | 5e.                 | \$0.00                       |                                   |       |                         |
| 5f. Domes                | tic support obligation  | ons  | 5f.                 | \$0.00                       |                                   |       |                         |
| 5g. <b>Union</b>         | dues  |  | 5g.                 | \$0.00                       |                                   |       |                         |
| 5h. Other o              | deductions. Specify:  |  | 5h. +               | \$0.00 +                     |                                   |       |                         |
| 6. Add the pay           | yroll deductions. Ad  | d lines 5a + 5b + 5c + 5d + 5e +5  | f + 5g 6.           | \$0.00                       |                                   |       |                         |
| 7. Calculate to          | otal monthly take-ho  | ome pay. Subtract line 6 from line   | 4. 7.               | \$0.00                       |                                   |       |                         |
| 8. List all other        | er income regularly   | received:  |                     |                              |                                   |       |                         |
| busine                   | ss, profession, or fa   |  |                     |                              |                                   |       |                         |
| receipts                 |   | property and business showing groary business expenses, and the to   |                     | \$0.00                       |                                   |       |                         |
| 8b. Interes              | t and dividends   |  | 8b.                 | \$0.00                       |                                   |       |                         |
| depend<br>Include        | dent regularly receiv<br>alimony, spousal supp                        | oort, child support, maintenance,  | r a                 |                              |                                   |       |                         |
|                          | settlement, and prope   | •  | 8c.                 | \$0.00                       |                                   |       |                         |
| •                        | loyment compensa  | tion   | 8d.                 | \$0.00                       |                                   |       |                         |
| 8e. Social S             | Security  |  | 8e.                 | \$648.00                     |                                   |       |                         |
| Include o                | cash assistance and the cethat you receive, so plemental Nutrition As | ce that you regularly receive<br>ne value (if known) of any non-cast<br>uch as food stamps (benefits unde<br>ssistance Program) or housing   |                     |                              |                                   |       |                         |
| Specify:                 | Food Assistance Pro   | ograms Income  | 8f.                 | \$194.00                     |                                   |       |                         |
| 8g. <b>Pensic</b>        | n or retirement inco  | ome  | 8g.                 | \$0.00                       |                                   |       |                         |
| 8h. Other r              | nonthly income. Spe   | ecify: Workers Compensation Inco   | <u>ome</u> 8h. +    | \$1,330.00 +                 |                                   |       |                         |
| 9. Add all other         | er income Add lines   | 8a + 8b + 8c + 8d + 8e + 8f +8g +  | - 8h. 9.            | \$2,172.00                   |                                   |       |                         |
|                          | <b>monthly income.</b> Add<br>tries in line 10 for Deb                | d line 7 + line 9.<br>htor 1 and Debtor 2 or non-filing sp   | 10.<br>pouse        | \$2,172.00 +                 |                                   | =     | \$2,172.00              |
| Include con relatives.   | tributions from an unn  | utions to the expenses that you narried partner, members of your hady included in lines 2-10 or amour  | nousehold, your dep | pendents, your roommates     |                                   |       |                         |
| Specify:                 | ac any arrivaries are   | ,  |                     | iadio to pay oxperioce iiete |                                   | 11. + | \$0.00                  |
|                          |   |  |                     |                              |                                   | Г     |                         |
|                          |   | lumn of line 10 to the amount in<br>In yof Schedules and Statistical Sur   |                     |                              |                                   | 12.   | \$2,172.00              |
|                          |   |  |                     |                              |                                   |       | Combined monthly income |
| 13. <b>Do you ex</b> No. | pect an increase or   | decrease within the year after y   | ou file this form?  |                              |                                   |       |                         |
| Yes. E                   | explain:  |  |                     |                              |                                   |       |                         |
|                          | 1   |  |                     |                              |                                   |       |                         |

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| Fill in this inform         | nation to identify your c                 | ase:  |   |                           |                                |      |
|-----------------------------|---|---|---|---------------------------|--------------------------------|------|
| Debtor 1                    | Anthony                                   |   | Lacour  |                           |                                |      |
| DODIOI 1                    | First Name                                | Middle Name                                       | Last Name   |                           |                                |      |
| Debtor 2                    |   |   |   | Check if this is:         |                                |      |
| (Spouse, if filing          | ) First Name                              | Middle Name                                       | Last Name   | An amended filing         |                                |      |
| United States B             | ankruptcy Court for the                   | : Northern  | District of Illinois (State)  | A supplement sho          | owing post-petition chapter 13 |      |
| Case number                 |   |   | ()  | ол <b>роносо ас с. а.</b> | y rono rung date.              |      |
| (If known)                  |   |   |   | MM / DD / YYYY            |                                |      |
| Official F                  | Form 106J                                 |   |   |                           |                                |      |
|                             | e J: Your E                               | ynenses   |   |                           |                                | 12/1 |
|                             |   | •   |   |                           |                                | 12/1 |
|                             |   |   | e filing together, both are equally<br>form. On the top of any addition |                           |                                |      |
| (if known). Ansv            | ver every question.                       |   | . ,   |                           |                                |      |
| Part 1: Desc                | ribe Your House                           | hold  |   |                           |                                |      |
| 1. Is this a join           | t case?                                   |   |   |                           |                                |      |
| ✓ No. Go                    | to line 2                                 |   |   |                           |                                |      |
| Yes. Do                     | es Debtor 2 live in a                     | separate household?                               |   |                           |                                |      |
|                             | No  |   |   |                           |                                |      |
| F                           | Tyes. Debtor 2 must                       | file Official Forms 106J-2. Expens                | ses for Separate Household of Deb                                       | for 2.                    |                                |      |
| 2. Do you have              |   | No  | <u>,                                      </u>                          |                           |                                |      |
| dependents?                 |   |   |   |                           |                                |      |
| Do not list De<br>Debtor 2. |   | Yes. Fill out this information for each dependent | Dependent's relationship to<br>Debtor 1 or Debtor 2                     | Dependent's age           | Does dependent live with you?  |      |
| 3. Do your exp              |   | No  |   |                           |                                |      |
| than                        |   | Yes   |   |                           |                                |      |
| yourself and dependents     |   |   |   |                           |                                |      |
|                             |   |   |   |                           |                                |      |
| Part 2: Estin               | nate Your Ongoir                          | ng Monthly Expenses                               |   |                           |                                |      |
|                             | f a date after the bar                    |   | you are using this form as a supp<br>plemental Schedule J, check the    |                           |                                |      |
|                             | •   | n-cash government assistance                      | •   |                           |                                |      |
| such assistan               | ce and have included                      | d it on Schedule I: Your Income                   | e (Official Form B 106l.)   |                           | Your expenses                  |      |
|                             | or home ownership enthe ground or lot. 4. | expenses for your residence. Ind                  | clude first mortgage payments and                                       |                           | <b>*750</b>                    | .00  |
| If not inclu                | ıded in line 4:                           |   |   |                           |                                |      |
| 4a. Real es                 | tate taxes                                |   |   |                           | 4a <b>\$0</b>                  | 0.00 |
| 4b. Propert                 | y, homeowner's, or rer                    | nter's insurance                                  |   |                           | 4b. <b>\$0</b>                 | 0.00 |
| 4c. Home n                  | naintenance, repair, and                  | d upkeep expenses                                 |   |                           | 4c. <b>\$0</b>                 | 0.00 |
| 4d. Homeo                   | wner's association or c                   | condominium dues                                  |   |                           | 4d. <b>\$0</b>                 | 0.00 |

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Lacour

Debtor 1

Anthony Case number (if known) First Name Middle Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$150.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$104.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$300.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. \$50.00 11. Medical and dental expenses \$50.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$200.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$43.00 15d. Other insurance. Specify: \_\_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1         | Anthony                 |                                      | Lacour                       | Case number (if known) |     |            |
|------------------|-------------------------|--------------------------------------|------------------------------|------------------------|-----|------------|
|                  | First Name              | Middle Name                          | Last Name                    |                        |     |            |
| 21.Other         | . Specify:              |                                      |                              |                        | 21  | \$0.00     |
|                  |                         |                                      |                              |                        |     |            |
|                  | late your monthly ex    | •                                    |                              |                        |     | \$1,747.00 |
| 22a. A           | add lines 4 through 21. |                                      |                              |                        |     | \$0.00     |
| 22b. C           | Copy line 22 (monthly e | expenses for Debtor 2), if any, fro  | m Official Form 106J-2       |                        |     | \$1,747.00 |
| 22c. A           | dd line 22a and 22b. T  | The result is your monthly expens    | ses.                         |                        | 22. |            |
| 23.Calcu         | late your monthly ne    | et income.                           |                              |                        |     |            |
| 23a. C           | Copy line 12 (your com  | bined monthly income) from Sch       | edule I.                     |                        | 23a | \$2,172.00 |
| 23b. C           | Copy your monthly expe  | enses from line 22 above.            |                              |                        | 23b | \$1,747.00 |
|                  |                         | xpenses from your monthly incor      | ne.                          |                        |     | \$425.00   |
| •                | The result is your mon  | thly net income.                     |                              |                        | 23c |            |
| 24. <b>Do yo</b> | ou expect an increase   | e or decrease in your expense        | es within the year after you | ı file this form?      |     |            |
| For e            | example do vou expec    | t to finish paying for your car loar | within the year or do you ex | nect vour              |     |            |
|                  |                         | ase or decrease because of a m       |                              |                        |     |            |
| <b>✓</b> 1       | No                      |                                      |                              |                        |     |            |
|                  | ⁄es                     |                                      |                              |                        |     |            |
| _                | Explain here:           |                                      |                              |                        |     |            |
|                  | LxpiaiiTriere.          |                                      |                              |                        |     |            |
|                  |                         |                                      |                              |                        |     |            |
|                  |                         |                                      |                              |                        |     |            |
|                  |                         |                                      |                              |                        |     |            |
|                  |                         |                                      |                              |                        |     |            |
|                  |                         |                                      |                              |                        |     |            |

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| Fill in this inform | nation to identify your case | e:          |                      |  |
|---------------------|------------------------------|-------------|----------------------|--|
| Debtor 1            | Anthony                      |             | Lacour               |  |
|                     | First Name                   | Middle Name | Last Name            |  |
| Debtor 2            |                              |             |                      |  |
| (Spouse, if filing  | First Name                   | Middle Name | Last Name            |  |
| United States Ba    | ankruptcy Court for the:     | Northern    | District of Illinois |  |
|                     |                              |             | (State)              |  |
| Case number         |                              |             |                      |  |
| (If known)          |                              |             |                      |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below  |   |
|-----|---|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                     | elp you fill out bankruptcy forms?  |
|     | <b>☑</b> No   |   |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |   |   |
|     |   |   |
|     | Under penalty of perjury, I declare that I have read the summary at that they are true and correct. | nd schedules filed with this declaration and  |
|     | •   | v   |
| X   |   | *   |
|     | Signature of Debtor 1   | Signature of Debtor 2   |
|     | Date 9/23/2016  | Date  |
|     | MM/DD/YYYY  | MM/DD/YYYY  |

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| FIII IN T          |   |  |                                       |                                       |   |                  |                   |  |
|--------------------|---|--|---------------------------------------|---------------------------------------|---|------------------|-------------------|--|
|                    | nis information to id   | dentily your ca                                | ise:                                  |                                       |   |                  |                   |  |
| Debtor             |   |  |                                       | Lacour                                |   |                  |                   |  |
|                    | First Na  | me   | Middle                                | Name Last Nar                         | ne  |                  |                   |  |
| Debtor<br>(Spous   | ·2<br>e, if filing) First Na  | me   | Middle                                | Name Last Nar                         | me  |                  |                   |  |
|                    |   |  |                                       |                                       |   |                  |                   |  |
| United             | States Bankruptcy   | Court for the:                                 | Northern                              | District of Illino (Sta               |   |                  |                   |  |
| Case n             |   |  |                                       | (018                                  |   |                  |                   |  |
| (If know           | /n)   |  |                                       |                                       |   |                  |                   | _  |
| ∩ffi∂              | cial Form   | 107  |                                       |                                       |   |                  |                   | Check if this is amended filing  |
|                    |   |  |                                       |                                       |   |                  | _                 | , and the second |
| <u>Stat</u>        | ement of  | Financ   | cial Affair                           | <u>rs for Individu</u>                | als Filin                                       | g for Ba         | ankruptcy         | / 12   |
|                    |   |  |                                       | ed people are filing togeth           |   |                  |                   |  |
| pace is<br>juestio | •   | a separate sh                                  | neet to this form.                    | On the top of any addition            | al pages, write                                 | your name an     | d case number (if | known). Answer every   |
| luestio            |   |  |                                       |                                       |   |                  |                   |  |
| Part 1:            | <b>Give Details</b>   | About You                                      | ur Marital Stat                       | us and Where You Li                   | ved Before                                      |                  |                   |  |
| 4                  | What is your our  | ront morital a                                 | etatua?                               |                                       |   |                  |                   |  |
| 1.                 | What is your cur  | rent maritai s                                 | status ?                              |                                       |   |                  |                   |  |
|                    | Married   |  |                                       |                                       |   |                  |                   |  |
|                    | ✓ Not married   |  |                                       |                                       |   |                  |                   |  |
| 2. I               | During the last 3 v   | vears, have v                                  | ou lived anywher                      | e other than where you live           | e now?  |                  |                   |  |
|                    | <b>g</b>  | , ,  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |   |                  |                   |  |
|                    |   |  |                                       |                                       |   |                  |                   |  |
|                    | No  | da a ala sa a sa | all and in the least O                | De estical de elemen                  | P   |                  |                   |  |
|                    |   | the places you                                 | u lived in the last 3 y               | years. Do not include where y         | you live now.                                   |                  |                   |  |
|                    |   | the places you                                 | u lived in the last 3 y               | years. Do not include where y         | you live now.                                   |                  |                   |  |
|                    |   | the places you                                 | u lived in the last 3 y               | Dates Debtor 1 lived                  | you live now.  Debtor 2:                        |                  |                   | Dates Debtor 2 lived   |
| İ                  | Yes. List all of  | the places you                                 | u lived in the last 3 y               |                                       |   |                  |                   | Dates Debtor 2 lived there   |
|                    | Yes. List all of  | the places you                                 | u lived in the last 3 y               | Dates Debtor 1 lived                  | Debtor 2:                                       | s Debtor 1       |                   |  |
|                    | Yes. List all of  Debtor 1:   |  | u lived in the last 3 y               | Dates Debtor 1 lived                  | Debtor 2:                                       | s Debtor 1       |                   | there  |
| İ                  | Yes. List all of  | ut   | u lived in the last 3 y               | Dates Debtor 1 lived                  | Debtor 2:                                       |                  |                   | there  |
| İ                  | Yes. List all of  Debtor 1:  2253 Collins s                                 | ut   | u lived in the last 3 y               | Dates Debtor 1 lived there            | Debtor 2:                                       |                  |                   | there Same as Debtor 1   |
|                    | Yes. List all of  Debtor 1:  2253 Collins s  Number Stree                   | st<br>et                                       |                                       | Dates Debtor 1 lived there            | Debtor 2:                                       |                  |                   | there Same as Debtor 1 From  |
|                    | Yes. List all of  Debtor 1:  2253 Collins s                                 | st<br>et                                       | u lived in the last 3 y               | Dates Debtor 1 lived there            | Debtor 2:                                       |                  | Zip Code          | there Same as Debtor 1 From  |
|                    | Yes. List all of  Debtor 1:  2253 Collins s Number Stree  Blue Island       | st<br>et<br>Illinois                           | 60406                                 | Dates Debtor 1 lived there            | Debtor 2:  Same as  Number Stree                | set State        | Zip Code          | there  Same as Debtor 1  From To   |
|                    | Yes. List all of  Debtor 1:  2253 Collins s Number Stree  Blue Island       | st<br>et<br>Illinois                           | 60406                                 | Dates Debtor 1 lived there            | Debtor 2:  Same as  Number Stree                | eet              | Zip Code          | there Same as Debtor 1 From  |
|                    | Yes. List all of  Debtor 1:  2253 Collins s  Number Stree  Blue Island City | Illinois State                                 | 60406                                 | Dates Debtor 1 lived there            | Debtor 2:  Same as  Number Stree  City  Same as | State S Debtor 1 | Zip Code          | there  Same as Debtor 1  From To   |
|                    | Yes. List all of  Debtor 1:  2253 Collins s Number Stree  Blue Island       | Illinois State                                 | 60406                                 | Dates Debtor 1 lived there  From To   | Debtor 2:  Same as  Number Stree                | State S Debtor 1 | Zip Code          | there  Same as Debtor 1  From To  Same as Debtor 1  From From Tro  Tro Tro Tro Tro Tro Tro Tro Tro Tr  |
|                    | Yes. List all of  Debtor 1:  2253 Collins s  Number Stree  Blue Island City | Illinois State                                 | 60406                                 | Dates Debtor 1 lived there  From To   | Debtor 2:  Same as  Number Stree  City  Same as | State S Debtor 1 | Zip Code          | there  Same as Debtor 1  From To Same as Debtor 1  |
|                    | Yes. List all of  Debtor 1:  2253 Collins s  Number Stree  Blue Island City | Illinois State                                 | 60406                                 | Dates Debtor 1 lived there  From To   | Debtor 2:  Same as  Number Stree  City  Same as | State S Debtor 1 | Zip Code          | there  Same as Debtor 1  From To  Same as Debtor 1  From From Tro  Tro Tro Tro Tro Tro Tro Tro Tro Tr  |

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| Debto    | r 1                | Anthony  | Laco  |  | number (if known)  |  |
|----------|--------------------|--|---|--|--|--|
|          |                    |  | e Name Last N   | ame  |  |  |
| Part 2   | <b>)</b> :         | Explain the Sources of Your  | Income  |  |  |  |
| F        | ill ir             | you have any income from employm<br>in the total amount of income you receive<br>ities. If you are filing a joint case and you<br>No<br>Yes. Fill in the details.  | ed from all jobs and all busir                                  | nesses, including part-time                                      |  | vears?   |
| Ī        |                    |  | Debtor 1  |  | Debtor 2   |  |
|          |                    |  | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions and<br>exclusions)            |
|          |                    | rom January 1 of current year until<br>ne date you filed for bankruptcy:   | Wages, commissions, bonuses, tips Operating a business          |  | Wages, commissions, bonuses, tips Operating a business     |  |
|          |                    | or last calendar year: anuary 1 to December 31, 2015  YYYY   | Wages, commissions, bonuses, tips Operating a business          | \$8000.00  | ☐ Wages, commissions, bonuses, tips ☐ Operating a business |  |
|          |                    | or the calendar year before that: anuary 1 to December 31, 2014  | Wages, commissions, bonuses, tips Operating a business          | \$5000.00  | Wages, commissions, bonuses, tips Operating a business     |  |
| be<br>ca | ene<br>ase<br>st e | de income regardless of whether that inc<br>fit payments; pensions; rental income; ir<br>and you have income that you received<br>each source and the gross income from<br>No<br>Yes. Fill in the details. | nterest; dividends; money co<br>together, list it only once und | ollected from lawsuits; royalties<br>der Debtor 1.               | ; and gambling and lottery wir                             |  |
|          |                    |  | Debtor 1  |  | Debtor 2   |  |
|          |                    |  | Sources of income<br>Describe below.                            | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                       | Gross income from each source (before deductions and exclusions) |
|          | _                  | ham langang d of comment comment.  | LINK  | \$635.00   |  |  |
|          |                    | rom January 1 of current year until he date you filed for bankruptcy:  | Workers Comp  | \$6,130.00   |  |  |
|          |                    | · ·  | SSI   | \$5,184.00   |  |  |
|          | F                  | or last calendar year:   | LINK  | \$192.00   |  |  |
|          |                    | January 1 to December 31, 2015   | Workers Comp  | \$8,996.00   |  |  |
|          |                    | YYYY   | SSI   | \$10,116.00  |  |  |
|          |                    | for the calendar year before that:  January 1 to December 31, 2014   | LINK  | \$1,968.00   |  |  |
|          |                    | YYYY   | SSI   | \$9,036.00   |  |  |
|          |                    |  |   |  |  |  |

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|          | ithony<br>st Name |              | Middle Name                                     | Lacour<br>Last Name  | Case num  | ber (if known)                  |                             |
|----------|-------------------|--------------|---|--|---|---------------------------------|-----------------------------|
| Lis      | et Certain        | Paymen       | ts You Made F                                   | Before You Filed for   | Rankruntev  |                                 |                             |
| Lis      | oc ocitain        | 1 dyllicii   | to Tou Made L                                   | Sciole lou i lica loi  | Bankraptoy  |                                 |                             |
| e eithe  | er Debtor 1       | s or Debto   | or 2's debts prima                              | arily consumer debts?  |   |                                 |                             |
| No.      |                   |              | <b>Debtor 2 has pri</b><br>I, family, or househ |  | Consumer debts are defined  | l in 11 U.S.C. § 101(8) as "inc | urred by an individual      |
|          | During the        | 90 days bef  | ore you filed for ba                            | nkruptcy, did you pay any c                                  | reditor a total of \$6,425* or m  | ore?                            |                             |
|          | No. Go            | to line 7.   |   |  |   |                                 |                             |
|          | t                 | otal amoun   | t you paid that cred                            | litor. Do not include payme                                  | 5* or more in one or more pa<br>nts for domestic support obli<br>to an attorney for this bankru | gations, such as                |                             |
|          | * Subject to      | adjustment   | on 4/01/19 and ev                               | ery 3 years after that for ca                                | ses filed on or after the date  | of adjustment.                  |                             |
| Yes.     | Debtor 1 o        | r Debtor 2   | or both have pri                                | marily consumer debts.                                       |   |                                 |                             |
| <b>-</b> |                   |              | _   | -  | reditor a total of \$600 or more  | ۹2                              |                             |
|          | _                 |              | oro you mou for ba                              | initiapity, and you pay ally of                              | Total of total of the or the or   | ··                              |                             |
|          |                   | to line 7.   |   |  |   |                                 |                             |
|          | t                 | hat creditor | . Do not include pa                             | syments for domestic suppo<br>ayments to an attorney for the | or more and the total amount<br>ort obligations, such as child<br>his bankruptcy case.          | support and                     |                             |
|          |                   |              |   | Dates of payment   | Total amount paid   | Amount you still owe            | Was this payment for        |
| Cre      | editor's Name     | <b></b>      |   |  |   |                                 | Mortgage                    |
|          |                   |              |   |  |   |                                 | Car                         |
| Nun      | mber Street       |              |   |  |   |                                 | Credit card                 |
|          |                   |              |   |  |   |                                 | Loan repaymer  Suppliers or |
| City     | /                 | State        | Zip Code  |  |   |                                 | vendors  Other              |
| Cro      | editor's Name     |              |   |  |   |                                 | Mortgage                    |
| <u> </u> | fullor 3 Marri    | <b>-</b>     |   |  |   |                                 | Car                         |
| Nun      | mber Street       |              |   |  |   |                                 | Credit card                 |
| -        |                   |              |   |  |   |                                 | Loan repaymer               |
| City     | /                 | State        | Zip Code  |  |   |                                 | Suppliers or vendors        |
| - 7      |                   | -            |   |  |   |                                 | Other                       |
| Cre      | editor's Name     | 9            |   |  |   |                                 | Mortgage Car                |
| Nun      | mber Street       |              |   |  |   |                                 | Car<br>Credit card          |
|          |                   |              |   |  |   |                                 | Loan repaymen               |
|          |                   |              |   |  |   |                                 | Suppliers or                |
| City     | /                 | State        | Zip Code  |  |   |                                 | vendors                     |
|          |                   |              |   |  |   |                                 | Other                       |

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| ebtor 1               | Anthony                                     |  |   | La                                 | cour                 | Case number (                                 | if known)   |
|-----------------------|---|--|---|------------------------------------|----------------------|---|---|
|                       | First Name                                  |  | Middle Name   | La                                 | st Name              |   |   |
| Insid<br>corp<br>ager | lers include your re<br>orations of which y | elatives; any<br>rou are an c<br>r a busines | y general partners;<br>officer, director, per<br>s you operate as a | relatives of any son in control, o | r owner of 20% or mo | tnerships of which y<br>re of their voting se | ho was an insider? rou are a general partner; curities; and any managing omestic support obligations, |
| V                     | No<br>Yes. List all payme                   | ante to an ir                                | nsider  |                                    |                      |   |   |
| Ц                     | res. List all payme                         | enis io airii                                | isiuei.   | Dates of payment                   | Total amount paid    | Amount you still owe                          | Reason for this payment   |
|                       | Insider's Name                              |  |   |                                    |                      |   |   |
|                       | Number Street                               |  |   |                                    |                      |   |   |
|                       | City  | State  | Zip Code  |                                    |                      |   |   |
|                       | Insider's Name                              |  |   |                                    |                      |   |   |
|                       | Number Street                               |  |   |                                    |                      |   |   |
|                       | City  | State  | Zip Code  |                                    |                      |   |   |
| insid<br>Inclu        |   | ebts guaran                                  | teed or cosigned b  | y an insider.  Dates of            | Total amount         | Amount you                                    | n account of a debt that benefited an  Reason for this payment  |
|                       |   |  |   | payment                            | paid                 | still owe                                     | Include creditor's name   |
|                       | Insider's Name                              |  |   |                                    | ·                    |   |   |
|                       | Number Street                               |  |   |                                    |                      |   |   |
| _                     | City  | State  | Zip Code  |                                    |                      |   |   |
|                       | Insider's Name                              |  |   |                                    | <u> </u>             |   |   |
|                       | Number Street                               |  |   |                                    |                      |   |   |
|                       | City  | State  | Zip Code  |                                    |                      |   |   |
|                       | City  | Ciaic  | Zip Ooue  |                                    |                      |   |   |

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| or 1  | Anthony                      |                           | Lacour                      | Ca                       | ase number <i>(if i</i> | known)            |                               |
|-------|------------------------------|---------------------------|-----------------------------|--------------------------|-------------------------|-------------------|-------------------------------|
|       | First Name                   | Middle Name               | Last Name                   |                          |                         |                   |                               |
| 4:    | Identify Legal Action        | ons. Repossession         | s. and Foreclosure          | es                       |                         |                   |                               |
|       | identify Logar / tone        | ,                         | ,                           |                          |                         |                   |                               |
|       | nin 1 year before you file   |                           |                             |                          |                         |                   |                               |
|       |                              | personal injury cases, sn | nall claims actions, divorc | es, collection sui       | ts, paternity a         | ctions, support o | or custody modifications, and |
| contr | ract disputes.               |                           |                             |                          |                         |                   |                               |
|       | No                           |                           |                             |                          |                         |                   |                               |
|       | Yes. Fill in the details.    |                           |                             |                          |                         |                   |                               |
| _     | roo. I iii iii tilo dotallo. | No                        | ture of the case            | Carret an a              |                         |                   | Status of the case            |
|       | 0 221                        |                           |                             | Court or a               | gency                   |                   | Status of the case            |
|       | Case title                   | Civ                       | 'II                         |                          | ty Circuit Cou          | rt                | ✓ Pending                     |
|       |                              |                           |                             | Court Name               |                         |                   | On appeal                     |
|       | Case number                  |                           |                             | 50 West Wa<br>NumberStre | ashington Stre          | eet               | Concluded                     |
|       | 2016-M1-301252               |                           |                             | Chicago                  | Illinois                | 60602             | _                             |
|       |                              |                           |                             | City                     | State                   | Zip Code          |                               |
|       | Case title                   |                           |                             |                          |                         | •                 | D Donding                     |
|       |                              |                           |                             | Court Name               | Δ                       |                   | Pending                       |
|       | 0                            |                           |                             | Court Name               | <del>C</del>            |                   | On appeal                     |
|       | Case number                  |                           |                             | NumberStre               | eet                     |                   | Concluded                     |
|       |                              |                           |                             |                          |                         |                   |                               |
|       |                              |                           |                             |                          |                         |                   |                               |
|       |                              |                           |                             | City                     | State                   | Zip Code          |                               |
| ш     | Yes. Fill in the information | n below.                  | Describe the prop           | perty                    |                         | Date              | Value of the                  |
|       |                              |                           |                             |                          |                         |                   | property                      |
|       | One district                 |                           | _                           |                          |                         |                   |                               |
|       | Creditor's Name              |                           |                             |                          |                         |                   |                               |
|       |                              |                           | Explain what hap            | pened                    |                         |                   |                               |
|       | Number Street                |                           |                             |                          |                         |                   |                               |
|       |                              |                           | Property was r              | epossessed.              |                         |                   |                               |
|       |                              |                           | Property was fo             | oreclosed.               |                         |                   |                               |
|       |                              |                           | Property was g              | garnished.               |                         |                   |                               |
|       | City State                   | e Zip Code                | Property was a              | attached, seized, o      | or levied.              |                   |                               |
|       |                              |                           | Describe the prop           | perty                    |                         | Date              | Value of the                  |
|       |                              |                           |                             |                          |                         |                   | property                      |
|       |                              |                           |                             |                          |                         |                   |                               |
|       | Creditor's Name              |                           | -                           |                          |                         |                   |                               |
|       |                              |                           | Explain what hap            | pened                    |                         |                   |                               |
|       | Niversia en Circo            |                           | -                           |                          |                         |                   |                               |
|       | Number Street                |                           | _                           |                          |                         |                   |                               |
|       |                              |                           | Property was r              |                          |                         |                   |                               |
|       | <u> </u>                     |                           | Property was fo             |                          |                         |                   |                               |
|       |                              |                           | Property was g              | garnished.               |                         |                   |                               |
|       | City State                   | e Zin Code                | Droport / woo o             | attached seized o        | or loviod               |                   |                               |

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| Deb         | tor 1    | Anthony<br>First Name   | Middle Name           | Lacour<br>Last Name         | Case number (if known)          |                          |                     |
|-------------|----------|---|-----------------------|-----------------------------|---------------------------------|--------------------------|---------------------|
| 11.         |          | hin 90 days before you filed fo                               | or bankruptcy, did an | y creditor, including a ba  | ank or financial institution, s | et off any amou          | nts from your       |
|             |          | No Yes. Fill in the details.                                  |                       |                             |                                 |                          |                     |
|             |          |   |                       | Describe the action the     | e creditor took                 | Date action was taken    | Amount              |
|             |          | Creditor's Name   |                       |                             |                                 |                          |                     |
|             |          | Number Street   |                       | Last 4 digits of account no | umber: XXXX-                    |                          |                     |
|             |          | City State  | Zip Code              |                             |                                 |                          |                     |
| 12.         |          | hin 1 year before you filed for ointed receiver, a custodian, |                       | of your property in the p   | possession of an assignee for   | or the benefit of (      | creditors, a court- |
|             | <b>✓</b> | No<br>Yes   |                       |                             |                                 |                          |                     |
| <b>Part</b> |          | List Certain Gifts and C                                      |                       | u give any gifts with a to  | stal value of more than \$600   | nor norson?              |                     |
| 13.         | <u> </u> |   |                       | d give any girts with a to  | nai value of more than \$000    | per person:              |                     |
|             |          | Gifts with a total value of me                                |                       | Describe the gifts          |                                 | Dates you gave the gifts | Value               |
|             |          | Person to Whom You Gave the                                   | Gift                  |                             |                                 |                          |                     |
|             |          | Number Street   |                       |                             |                                 |                          |                     |
|             |          | City State Person's relationship to you                       | Zip Code              |                             |                                 |                          |                     |
|             |          | Person to Whom You Gave the                                   | Gift                  |                             |                                 |                          |                     |
|             |          | Number Street   |                       |                             |                                 |                          |                     |
|             |          | City State Person's relationship to you                       | Zip Code              |                             |                                 |                          |                     |

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| Debt | tor 1    | Anthony                     | Attalle News  | Lacour   | Case number (if known        | n)                                |                    |
|------|----------|-----------------------------|---|--|------------------------------|-----------------------------------|--------------------|
|      |          | First Name                  | Middle Name   | Last Name  |                              |                                   |                    |
| 14.  | Wit      | nin 2 years before you      | filed for bankruptcy, did                               | you give any gifts or contribu                         | tions with a total value o   | of more than \$600 to             | o any charity?     |
|      | <b>✓</b> | No                          |   |  |                              |                                   |                    |
|      |          | Yes. Fill in the details fo | r each gift or contribution.                            |  |                              |                                   |                    |
|      | _        | Gifts or contributions      |   | Describe what you contri                               | buted                        | Date you                          | Value              |
|      |          | that total more than \$     | 6600  |  |                              | contributed                       |                    |
|      |          |                             |   | _  |                              |                                   |                    |
|      |          | Charity's Name              |   |  |                              |                                   |                    |
|      |          |                             |   | -  |                              |                                   |                    |
|      |          | Number Street               |   | =  |                              |                                   |                    |
|      |          | Number Street               |   |  |                              |                                   |                    |
|      |          | City Sta                    | te Zip Code   | -  |                              |                                   |                    |
| Part | 6:       | List Certain Losse          | s   |  |                              |                                   |                    |
|      |          |                             | -   |  |                              |                                   |                    |
| 15.  |          |                             | led for bankruptcy or sir                               | nce you filed for bankruptcy, di                       | id you lose anything bed     | ause of theft, fire,              | other disaster, or |
|      | gam      | bling?                      |   |  |                              |                                   |                    |
|      |          | No                          |   |  |                              |                                   |                    |
|      | Ш        | Yes. Fill in the details.   |   |  |                              |                                   |                    |
|      |          | Describe the property       | •   | Describe any insurance of                              |                              | Date of your                      | Value of property  |
|      |          | how the loss occurred       | u   | Include the amount that insupending insurance claims o |                              | loss                              | lost               |
|      |          |                             |   | A/B: Property.   |                              |                                   |                    |
|      |          |                             |   |  |                              |                                   |                    |
|      |          | List Certain Payme          |   |  |                              |                                   |                    |
|      |          |                             | or preparing a bankrupt<br>uptcy petition preparers, or | ccy petition? credit counseling agencies for se        | ervices required in your bar | nkruptcy.                         |                    |
|      |          |                             |   | Description and value of transferred                   | any property                 | Date payment or transfer was made | Amount of payment  |
|      |          | Semrad Law Firm             |   | Attorney's Fee - 750.00                                |                              | 05/2016                           | \$750.00           |
|      |          | Person Who Was Paid         |   |  |                              |                                   | <del>-</del>       |
|      |          | 20 South Clark Street 2     | 8th Floor   |  |                              |                                   |                    |
|      |          | Number Street               |   |  |                              |                                   |                    |
|      |          | -                           |   | -  |                              |                                   |                    |
|      |          |                             | ois 60606   |  |                              |                                   |                    |
|      |          | City Sta                    | te Zip Code   |  |                              |                                   |                    |
|      |          | Email or website address    | SS  |  |                              |                                   |                    |
|      |          | Person Who Made the I       | Paymont if Not You                                      |  |                              |                                   |                    |
|      |          | reison who wade the i       | -ayıneni, ii Not Tou                                    |  |                              | ]                                 |                    |
|      |          | Person Who Was Paid         |   |  |                              |                                   |                    |
|      |          | N                           |   |  |                              |                                   |                    |
|      |          | Number Street               |   |  |                              |                                   |                    |
|      |          |                             |   | •  |                              |                                   |                    |
|      |          | City Sta                    | te Zip Code   | -  |                              |                                   |                    |
|      |          |                             | ·   |  |                              |                                   |                    |
|      |          | Email or website address    | SS  |  |                              |                                   |                    |
|      |          | Person Who Made the I       | Payment if Not You                                      | <del>·</del>   |                              |                                   |                    |

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| Deb | tor 1    | Anthony   |                         | Lacour                               | Case number (if known       | )                     |                              |
|-----|----------|---|-------------------------|--------------------------------------|-----------------------------|-----------------------|------------------------------|
|     |          | First Name  | Middle Name             | Last Name                            |                             |                       |                              |
| 17. | help     | hin 1 year before you file<br>by you deal with your cred<br>not include any payment or<br>No<br>Yes. Fill in the details. | itors or to make paymer |                                      | our behalf pay or transfer  | any property to any   | one who promised to          |
|     | ш        | res. Fill in the details.   |                         |                                      |                             |                       |                              |
|     |          |   |                         | Description and value of transferred | any property                |                       | Amount of<br>payment         |
|     |          | Person Who Was Paid   |                         |                                      |                             |                       |                              |
|     |          | Number Street   |                         |                                      |                             |                       |                              |
|     |          |   |                         |                                      |                             |                       |                              |
|     |          | City State  | Zip Code                |                                      |                             |                       |                              |
|     | trans    | ofers that you have already  No  Yes. Fill in the details.  |                         | curity (such as the granting of a    |                             | y property or         | Date                         |
|     |          |   |                         | property transferred                 |                             | eceived or debts pai  |                              |
|     |          | Person Who Received Tr  | ansfer                  |                                      |                             |                       |                              |
|     |          | Number Street   |                         |                                      |                             |                       |                              |
|     |          | City State<br>Person's relationship to y  | '                       |                                      |                             |                       |                              |
|     |          | Person Who Received Tr  | ansfer                  |                                      |                             |                       |                              |
|     |          | Number Street   |                         |                                      |                             |                       |                              |
|     |          | City State<br>Person's relationship to y  | •                       |                                      |                             |                       |                              |
| 19. |          | hin 10 years before you f   |                         | you transfer any property to         | a self-settled trust or sim | lar device of which y | ou are a beneficiary?        |
|     | <b>✓</b> | No<br>Yes. Fill in the details.   |                         |                                      |                             |                       |                              |
|     |          |   |                         | Description and value of             | of the property transferre  | d                     | Date<br>transfer was<br>made |
|     |          | Name of trust   |                         |                                      |                             |                       |                              |

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| Debt | or 1        | Anthony First Name Middle Name  | Lacour<br>Last Name                | Case number (if known)  |  |
|------|-------------|---|------------------------------------|---|--|
| Part | 8-          | List Certain Financial Accounts, Inst   |                                    | xes, and Storage Units  |  |
| 20.  | Witl<br>mov | hin 1 year before you filed for bankruptcy, wer<br>ved, or transferred?                   | e any financial accounts or instr  | ruments held in your name, or for your benefit, c                             |  |
|      | <b>✓</b>    | No<br>Yes. Fill in the details.   |                                    |   |  |
|      |             |   | Last 4 digits of account number    | Type of account or instrument account was closed, sold, moved, or transferred | Last balance<br>before<br>closing or<br>transfer |
|      |             | Person Who Was Paid   | XXXX-                              | Checking Savings  |  |
|      |             | Number Street   |                                    | Money market Brokerage Other  |  |
|      |             | City State Zip Code   |                                    |   |  |
|      |             | Person Who Was Paid   | XXXX-                              | Checking Savings  |  |
|      |             | Number Street   |                                    | Money market Brokerage  |  |
|      |             |   |                                    | Other   |  |
|      |             | City State Zip Code   |                                    |   |  |
| 21.  |             | you now have, or did you have within 1 year beer valuables?  No Yes. Fill in the details. | efore you filed for bankruptcy, ar | ny safe deposit box or other depository for secu                              | rities, cash, or                                 |
|      |             |   | Who else had access to it?         | Describe the contents   | Do you still have it?                            |
|      |             | Name of Financial Institution   | Name                               |   | ☐ No<br>☐ Yes                                    |
|      |             | Number Street   | Number Street                      |   |  |
|      |             |   | City State Zip                     | Code  |  |
| 00   |             | City State Zip Code   |                                    | Lucarda Company (No. 16 and and another Co                                    |  |
| 22.  |             | e you stored property in a storage unit or plac   | e other than your nome within 1    | year before you filed for bankruptcy?   |  |
|      |             | Yes. Fill in the details.   |                                    |   |  |
|      |             |   | Who else had access to it?         | Describe the contents   | Do you still have it?                            |
|      |             | Name of Storage Facility  | Name                               |   | ☐ No<br>☐ Yes                                    |
|      |             | Number Street   | Number Street                      |   |  |
|      |             | 0   | City State Zip                     | Code  |  |
|      |             | City State Zip Code   |                                    |   |  |

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| btor              | 1 Anthony   |   |  |                   |   |                |
|-------------------|---|---|--|-------------------|---|----------------|
|                   | First Name Middle Name  | l   | Last Name  |                   |   |                |
| t 9:              | <b>Identify Property You Hold or Contr</b>  | rol for Som   | neone Else   |                   |   |                |
|                   |   |   |  |                   |   |                |
|                   | o you hold or control any property that someo<br>omeone.  | one else owns   | s? Include an  | y property you b  | porrowed from, are storing for, or hold i                                   | n trust for    |
|                   | 7 No  |   |  |                   |   |                |
| ľ                 | Yes. Fill in the details.   |   |  |                   |   |                |
| _                 | res. I ill ill the details.   | Miles and in A  | (l   |                   | Describe the contents   | Value          |
|                   |   | where is t  | the property?  |                   | Describe the contents   | Value          |
|                   | Owner's Name  | Number Str  | reet   |                   |   |                |
|                   |   |   |  |                   |   |                |
|                   | Number Street   |   |  |                   |   |                |
|                   |   |   |  |                   |   |                |
|                   |   | City  | State  | Zip Code          |   |                |
|                   | City State Zip Code   |   |  |                   |   |                |
|                   |   |   |  |                   |   |                |
| t 10              | Give Details About Environmental  | Informatio  | n  |                   |   |                |
| the               | e purpose of Part 10, the following definitions apply:  | :   |  |                   |   |                |
|                   |   |   | a and a Ca   |                   | and a standard and a second   |                |
|                   | Environmental law means any federal, state, or loc<br>hazardous or toxic substances, wastes, or materia   |   | ū  | 0.                | •   |                |
|                   | including statutes or regulations controlling the cle   | •   |  | . •               |   |                |
|                   |   | ·   |  |                   |   |                |
|                   | Site means any location, facility, or property as defi<br>or used to own, operate, or utilize it, including disp  | •   | environmenta   | riaw, whether you | Thow own, operate, or utilize it  |                |
|                   | or account of the policies, or anneading and  | p 0 0 0 1 0 1 1 0 1   |  |                   |   |                |
|                   |   |   |  |                   |   |                |
| •                 | Hazardous material means anything an environme  |   |  | ous waste, hazard | lous substance,   |                |
| •                 | toxic substance, hazardous material, pollutant, cor   | ntaminant, or s   | similar term.  |                   | lous substance,   |                |
|                   |   | ntaminant, or s   | similar term.  |                   | lous substance,   |                |
| <b>■</b><br>eport | toxic substance, hazardous material, pollutant, cort all notices, releases, and proceedings that you kno  | ntaminant, or s   | similar term.<br>ardless of when   | they occurred.    |   |                |
| <b>■</b><br>eport | toxic substance, hazardous material, pollutant, cor   | ntaminant, or s   | similar term.<br>ardless of when   | they occurred.    |   |                |
| ■<br>port         | toxic substance, hazardous material, pollutant, cort all notices, releases, and proceedings that you kno  | ntaminant, or s   | similar term.<br>ardless of when   | they occurred.    |   | ,              |
| ■<br>port         | toxic substance, hazardous material, pollutant, cort all notices, releases, and proceedings that you know as any governmental unit notified you that you  | ntaminant, or s   | similar term.<br>ardless of when   | they occurred.    |   |                |
| ■<br>port         | toxic substance, hazardous material, pollutant, contail notices, releases, and proceedings that you know as any governmental unit notified you that you notified you that you not not notified you that you not not not not not not not not not not   | ntaminant, or s   | similar term.<br>ardless of when   | they occurred.    |   | Date of        |
| ■<br>port         | toxic substance, hazardous material, pollutant, contail notices, releases, and proceedings that you know as any governmental unit notified you that you notified you that you not not notified you that you not not not not not not not not not not   | ntaminant, or s<br>ow about, rega<br>u may be liab  | similar term.<br>ardless of when   | they occurred.    | or in violation of an environmental law?                                    |                |
| ■<br>port         | toxic substance, hazardous material, pollutant, control all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details.  | ntaminant, or some about, regard umay be liab   | similar term.  ardless of when  ardless of when  ardle or potentia  ental unit   | they occurred.    | or in violation of an environmental law?                                    | Date of        |
| ■<br>port         | toxic substance, hazardous material, pollutant, contail notices, releases, and proceedings that you know as any governmental unit notified you that you notified you that you not not notified you that you not not not not not not not not not not   | ntaminant, or s<br>ow about, rega<br>u may be liab  | similar term.  ardless of when  ardless of when  ardle or potentia  ental unit   | they occurred.    | or in violation of an environmental law?                                    | Date of        |
| ■<br>port         | toxic substance, hazardous material, pollutant, control all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details.  | ntaminant, or some about, regard umay be liab   | similar term.  ardless of when  ardless of when  ardle or potentia  ental unit   | they occurred.    | or in violation of an environmental law?                                    | Date of        |
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| Deb  | tor 1      | Anthony                         |                   |                         | Lacour                        | Case                 | number (if known)  |                  |
|------|------------|---------------------------------|-------------------|-------------------------|-------------------------------|----------------------|--|------------------|
|      |            | First Name                      |                   | Middle Name             | Last Name                     |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
| 26.  | Hav        | e you been a party              | y in any judio    | cial or administra      | ative proceeding under        | any environmenta     | al law? Include settlements and order  | s.               |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      | $ ule{}$   | No                              |                   |                         |                               |                      |  |                  |
|      |            | Yes. Fill in the deta           | ils.              |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         | Court or agency               |                      | Nature of the case   | Status of the    |
|      |            |                                 |                   |                         | oourt or agency               |                      | reduce of the base   | case             |
|      |            | 0 ""                            |                   |                         |                               |                      |  | Casc             |
|      |            | Case title                      |                   |                         |                               |                      |  | Pending          |
|      |            |                                 |                   | <del></del> -           | Court Name                    | _                    |  | Literating       |
|      |            | -                               |                   |                         | Court Name                    |                      |  | On appeal        |
|      |            | Coco numbor                     |                   |                         | Number Street                 |                      |  |                  |
|      |            | Case number                     |                   |                         | TVUITIDEI OU CEU              |                      |  | Concluded        |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         | City State                    | Zip Code             |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
| Part | 11:        | Give Details A                  | bout Your         | Business or             | Connections to An             | y Business           |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
| 27.  | Witl       | nin 4 vears before              | vou filed for     | bankruptcy, did         | vou own a business or         | have any of the fo   | ollowing connections to any business   | s?               |
|      |            | , , , , , , , , , , , , , , , , | , ouou .o.        | barna aproy, ara        | you our a buomoco or          | navo any or ano n    | enering connections to any business  | ••               |
|      |            | A sole proprie                  | tor or self-emr   | oloved in a trade u     | profession, or other activit  | v either full-time o | r part-time  |                  |
|      |            |                                 |                   |                         |                               |                      | i part time  |                  |
|      |            | A member of a                   | a limited liabili | ty company (LLC)        | or limited liability partners | ship (LLP)           |  |                  |
|      |            | A partner in a                  | partnership       |                         |                               |                      |  |                  |
|      |            |                                 |                   | ging executive of       | a corporation                 |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            | An owner of a                   | t least 5% of t   | he voting or equity     | securities of a corporation   | n                    |  |                  |
|      |            | NI. Ni Cil l.                   |                   | ) - ( - D ( 40          |                               |                      |  |                  |
|      | lacksquare | No. None of the ab              |                   |                         |                               |                      |  |                  |
|      |            | Yes. Check all that             | apply above a     | and fill in the details | s below for each business     |                      |  |                  |
|      |            |                                 |                   |                         | Describe the natu             | re of the busines    | ss Employer Identification n   | umber Do not     |
|      |            |                                 |                   |                         | Dood ind that                 |                      | include Social Security no   |                  |
|      |            |                                 |                   |                         |                               |                      | morade ocolar ocodiny ne   | diffice of fine. |
|      |            |                                 |                   |                         | _                             |                      | EIN:   |                  |
|      |            | Business Name                   |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            | Number Street                   |                   |                         |                               |                      | Dates business existed   |                  |
|      |            |                                 |                   |                         | Name of account               | ant or bookkeepe     | er   |                  |
|      |            |                                 |                   |                         | _                             |                      | From To  |                  |
|      |            | City                            | State             | Zip Code                |                               |                      | 11011110   |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         | Describe the natu             | ire of the busines   |  |                  |
|      |            |                                 |                   |                         |                               |                      | include Social Security no   | umber or ITIN.   |
|      |            |                                 |                   |                         |                               |                      | ENI  |                  |
|      |            | Business Name                   |                   |                         | _                             |                      | EIN:   |                  |
|      |            | Dusinos Nante                   |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         | _                             |                      | Dates business existed   |                  |
|      |            | Number Street                   |                   |                         | Name of const                 | ant as be al-l-a     |  |                  |
|      |            |                                 |                   |                         | Name of account               | ант ог рооккеере     | ÷1   |                  |
|      |            | City                            | State             | Zip Code                | _                             |                      | From To  |                  |
|      |            | City                            | State             | Zip Code                |                               |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         | Describe the natu             | ire of the busines   |  |                  |
|      |            |                                 |                   |                         |                               |                      | include Social Security no   | umber or ITIN.   |
|      |            |                                 |                   |                         |                               |                      | EINI-  |                  |
|      |            | Business Name                   |                   |                         | _                             |                      | EIN:   |                  |
|      |            | _aaooo Name                     |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         | _                             |                      | Dates business existed   |                  |
|      |            | Number Street                   |                   |                         | Name of the state of          | ant an head to c     |  |                  |
|      |            |                                 |                   |                         | Name of account               | ant or bookkeepe     | <b>9</b> F   |                  |
|      |            | City                            | Ctoto             | 7in Oc -1-              |                               |                      | From To  |                  |
|      |            | City                            | State             | Zip Code                |                               |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      |  |                  |
|      |            |                                 |                   |                         |                               |                      | The state of the s |                  |

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| Debt | tor 1   | Anthony                                   |                                    |                    | Lacour                        | Case number (if known)  |  |  |
|------|---|---|------------------------------------|--------------------|-------------------------------|---|--|--|
|      |   | First Name                                |                                    | Middle Name        | Last Name                     |   |  |  |
| 28.  |   | nin 2 years before<br>litors, or other pa |                                    | bankruptcy, did yc | ou give a financial stateme   | nt to anyone about your business? Include all financial institutions, |  |  |
|      |   | No<br>Yes. Fill in the deta               | ails below.                        |                    |                               |   |  |  |
|      |   |   |                                    |                    | Date issued                   |   |  |  |
|      |   | Name                                      |                                    |                    | MM/DD/YYYY                    |   |  |  |
|      |   |   |                                    |                    | _                             |   |  |  |
|      |   | Number Street                             | t                                  |                    |                               |   |  |  |
|      |   | City                                      | State                              | Zip Code           | _                             |   |  |  |
| Part | 12:   | Sign Below                                |                                    |                    |                               |   |  |  |
| t    | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |                                    |                    |                               |   |  |  |
|      |   | /S/                                       | / Anthony Lacou<br>sture of Debtor |                    |                               | Signature of Debtor 2   |  |  |
|      |   | Olgric                                    | itare of Debtor                    | '                  |                               | Date  |  |  |
|      |   | Date                                      | 9/23/2016                          |                    |                               | Sale  |  |  |
| ı    | Did y   | ou attach additio                         | nal pages to \                     | our Statement of   | Financial Affairs for Indivi  | duals Filing for Bankruptcy (Official Form 107)?                      |  |  |
| ı    | <b>✓</b> N  | No  |                                    |                    |                               |   |  |  |
| i    | Y   | ⁄es                                       |                                    |                    |                               |   |  |  |
| ı    | Did y   | ou pay or agree t                         | o pay someon                       | e who is not an at | torney to help you fill out b | ankruptcy forms?  |  |  |
| ſ    | <b>✓</b> N  | No  |                                    |                    |                               |   |  |  |
| į    |   | es. Name of perso                         | on                                 |                    |                               | Attach the Bankruptcy Petition Preparer's Notice,                     |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total foo          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B 203 (12/94)

In

### **UNITED STATES BANKRUPTCY COURT**

### **Northern District of Illinois**

| re | Anthony Lacour  |                         | Case No.                        |                                 |
|----|---|-------------------------|---------------------------------|---------------------------------|
| _  | Debtor  |                         |                                 | (If known)                      |
|    |   |                         | Chapter                         | Chapter 13                      |
|    | DISCLOSURE OF COM   | PENSATION               | OF ATTORNEY FO                  | OR DEBTOR                       |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Ba<br>that compensation paid to me within one ye<br>services rendered or to be rendered on beha<br>is as follows: | ar before the filing of | the petition in bankruptcy, or  | agreed to be paid to me, for    |
|    | For legal services, I have agreed to accept   |                         |                                 | \$4,000.00                      |
|    | Prior to the filing of this statement I have re   | eceived                 |                                 | \$750.00                        |
|    | Balance Due   |                         |                                 | \$3,250.00                      |
| 2. | The source of the compensation paid to me   | was:                    |                                 |                                 |
|    | <b>✓</b> Debtor   | Other (specify)         |                                 |                                 |
| 3. | The source of the compensation paid to me   | is:                     |                                 |                                 |
|    | <b>✓</b> Debtor   | Other (specify)         |                                 |                                 |
| 4. | I have not agreed to share the above-dimembers and associates of my law firm  | isclosed compensation.  | n with any other person unles   | s they are                      |
|    | I have agreed to share the above-disclomembers or associates of my law firm. the people sharing in the compensation.                                      | A copy of the agree     |                                 |                                 |
| 5. | In return for the above-disclosed fee, I have a. Analysis of the debtor's financial situ bankruptcy;  |                         | -                               |                                 |
|    | b. Preparation and filing of any petition   | , schedules, stateme    | nts of affairs and plan which n | nay be required;                |
|    | c. Representation of the debtor at the n  | neeting of creditors a  | nd confirmation hearing, and a  | any adjourned hearings thereof; |
|    | d. Representation of the debtor in adve   | ersary proceedings ar   | nd other contested bankruptcy   | matters;                        |
| 6. | By agreement with the debtor(s), the above-   | -disclosed fee does n   | ot include the following servic | es:                             |
|    |   |                         |                                 |                                 |
|    |   | CERTIFICATI             | ON                              |                                 |
|    | certify that the foregoing is a complete state e debtor(s) in this bankruptcy proceedings.  | ement of any agreem     | ent or arrangement for payme    | ent to me for representation    |
|    | 9/23/2016   |                         | /s/ Sean McNulty                |                                 |
|    | Date  |                         | Signature of Attorney           |                                 |
|    |   |                         | Semrad Law Firm                 |                                 |
|    |   |                         | Name of law firm                |                                 |

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re: | Lacour, Anthony  | Case No                             |           |  |  |  |  |
|--------|--|-------------------------------------|-----------|--|--|--|--|
|        | Debtor(s)  | 0000110.                            |           |  |  |  |  |
|        |  | Chapter.                            | Chapter13 |  |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX  |                                     |           |  |  |  |  |
|        | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their k |                                     |           |  |  |  |  |
| Date:  | 9/23/2016  | /s/ Lacour, Antho                   | nv        |  |  |  |  |
|        | <u> </u>   | Lacour, Anthony<br>Signature of Del | •         |  |  |  |  |

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601 USA

FST PREMIER 3820 N LOUISE AVE SIOUX FALLS, SD 57107 USA

AD ASTRA RECOVERY SERV 7330 W 33RD ST N STE 118 WICHITA , KS 67205 USA

CONVERGENT OUTSOURCING 800 SW 39TH ST RENTON , WA 98057 USA

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602 USA

ComEd 3 Lincoln Center Bankruptcy Section Oakbrook Terrace , IL 60181 USA

VERIZON NATIONAL RECOVERY P.O. BOX 26055 MINNEAPOLIS , MN 55426 USA

TMobile P.O. Box 742596 Cincinnati , OH 45274 USA

Check 'N Go 5638 W Fullerton Chicago , IL 60639 USA

check into Cash 1637 S. Cicero Cicero , IL 60804 USA

Carey & Carey 13004 Western Ave, Blue Island , IL 60406 USA

University of Chicago Medicine 15965 Collections Center Dr Case 16-30377 Doc 1 Filed 09/23/16 Entered 09/23/16 15:07:24 Desc Main Document Page 57 of 67

Chicago , IL 60693 USA Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth , TX 76161 USA

WFDS PO BOX 19657 IRVINE , CA 92623 USA

FIRST PREMIER BANK Jefferson Capital Systems, LLC PO Box 7999 c/o Kelly Lukason Saint Cloud , MN 56302 USA

Michigan Department of Health and Human Services 333 S. Grand Ave Lansing , MI 48909 USA

Alexander, Yvette 333 S. Grand Ave Lansing , MI 48909 USA

SEARS PO BOX 1990 TEMPE , AZ 85280 USA

FEDERAL PACIFIC CREDIT 1795 Printers Row West Valley City , UT 84119 USA Case 16-30377 Doc 1 Filed 09/23/16 Entered 09/23/16 15:07:24 Desc Main Document Page 59 of 67

| First Name  | Middle Name   | Last Name   | A Section 1   |  |  |  |
|---|---|---|---|--|--|--|
| Part 6: Answer These Q  | uestions for Reporting Purp   | oses  |   |  |  |  |
| 16. What kind of debts do you have?   | 101(8) as "incurred by  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primal obtain money for a bus investment.  No. Go to line 16c.  Yes. Go to line 17.   | rily consumer debts? Consumer dention an individual primarily for a personal rily business debts? Business debt iness or investment or through the output of the primarily own owe that are not consumer debt | , family, or household purpose."  s are debts that you incurred to peration of the business or              |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be ava   | oter 7. Go to line 18.  7. Do you estimate that after any exempt proper allable to distribute to unsecured creditors?   | ty is excluded and administrative expenses are  |  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |  |  |
| 19. How much do you estimate your assets to be worth?   | ✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |
| 20. How much do you estimate your liabilities to be?  | ✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |
| Part 7: Sign Below  |   |   |   |  |  |  |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |   |   |  |  |  |
|   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  /s/ Anthony Lacour Signature of Debtor 4  Executed on   |   |   |  |  |  |

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| Fill in this inf         | ormation to identify your case   |                            |  |  |   |
|--------------------------|--|----------------------------|--|--|---|
| Debtor 1                 | Anthony  | 7 - 2000 C                 | Lacour                                       |  | - American Company                      |
|                          | First Name   | Middle Name                | Last Name                                    | 7 10 10 10 10 10 10 10 10 10 10 10 10 10         | 10 110 110 110 110 11 1 1 1 1 1 1 1 1 1 |
| Debtor 2                 |  |                            |  |  |   |
| (Spouse, if fi           | ling) First Name   | Middle Name                | Last Name                                    |  |   |
| United State             | s Bankruptcy Court for the:  | Northern                   | District of Illinois                         |  |   |
| Case numbe<br>(If known) | er   |                            | (State)                                      |  |   |
| Officia                  | Form 106Dec  | <u> </u>                   |  |  | Check if this is amended filing         |
| Declar                   | ation About ar   | ı Individual De            | btor's Sche                                  | dules  | 12/                                     |
| If two marries           | d people are filing together   | hoth are equally responsi  | ble for supplying corre                      | ct information                                   |   |
| Part 1: Sig              |  |                            |  |  |   |
| Dia you                  | pay or agree to pay somed  | one who is NOT an attorney | to help you fill out ban                     | kruptcy forms?                                   |   |
| ☑ No                     |  |                            |  |  |   |
| [] Yes                   | . Name of person   | <del>940</del>             | _ Attach Bankruptcy<br>Signature (Official I | Petition Preparer's Notice, Declar<br>Form 119). | ation, and                              |
| ·                        |  |                            |  |  |   |
| that the                 | penalty of perjury, I declare y are true and correct.  nony Lacour e of Debtor 1 | that I have read the summa | - <b>x</b>                                   | with this declaration and                        | ·                                       |
| Ü                        |  | 1 /                        | J.g. id.d.                                   |  |   |
| Date 9/2                 | 23/2016  |                            | Date   |  |   |

MM/DD/YYYY

MM/DD/YYYY

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|--------|------------------------|------------|---------------------------------|---------------------------------|-------------------|----------------------------|-------|
|        |                        | <b>U</b>   | JNITED STATES B<br>Northern Dis | ANKRUPTCY COL                   | JRT               |                            |       |
| In re: | Lacour, Ant            |            |                                 | Case No                         |                   |                            |       |
|        | Debto                  | or(s)      |                                 |                                 |                   |                            |       |
|        |                        |            |                                 | Chapter                         | Chaj              | oter13                     | _     |
|        |                        | VER        | IFICATION OF                    | CREDITOR MA                     | ATRIX             |                            |       |
|        | The above named Debtor | s hereby v | erify that the attache          | d list of creditors is t        | rue and correct t | o the best of their knowle | edge. |
| Date:  | 9/23/2016              |            |                                 | /s/ Lacour, Ar<br>Lacour, Antho | 1 / 1/ 1/         | Jac-                       |       |
|        |                        |            |                                 | Signature of I                  | Debtor            | U                          |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |
|        |                        |            |                                 |                                 |                   |                            |       |

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|                  | First Name   | Middle Name   | Last Name   |  |   |  |
|------------------|--|---|---|--|---|--|
| 16.              | Calculate the median family income   | that applies to you                                   | u. Follow these steps:  |  |   |  |
|                  | 16a. Fill in the state in which you live.  |   | Illinois  | .F. 1  |   | 00 00 00 00 00 00 00 00 00 00 00 00 00   |
|                  | 16b. Fill in the number of people in you   | ur household.   | 1 .   |  |   |  |
|                  | 16c. Fill in the median family income for find a list of applicable median may also be available at the bank | n income amounts, g                                   |   | pecified in the separat  | te instructions for this form.                                  | \$49,741.00<br>This list   |
| 17.              | How do the lines compare?  |   |   |  |   |  |
|                  | 17a. Line 15b is less than or equal 11 U.S.C. § 1325(b)(3). Go   |   |   | •  |   | ed under   |
|                  | 17b. Line 15b is more than line 16 1325(b)(3). Go to Part 3 an your current monthly income                   | d fill out Calculatio                                 |   |  |   |  |
| Part             | 3: Calculate Your Commitme   | nt Period Under                                       | r 11 U.S.C. §1325(  | (b)(4)   |   |  |
| 18.              | Copy your total average monthly in   | come from line 11.                                    |   | The second secon | er erkenen av regeren er en en en en en en en en en en en en en | \$475.66   |
| 19.              | Deduct the marital adjustment if it commitment period under 11 U.S.C. § 1                                    | <b>applies. I</b> f you are m<br>325(b)(4) allows you | arried, your spouse is n<br>to deduct part of your s  | ot filing with you, and y<br>pouse's income, copy t  | ou contend that calculating the amount from line 13.            | the  |
|                  | 19a. If the marital adjustment does not  | apply, fill in 0 on line                              | 19a.  |  | e no se tre to considerance super-science and accommunity       | -\$0.00  |
| -                | 19b. Subtract line 19a from line 18.   |   |   |  |   | \$475.66   |
| 20.              | Calculate your current monthly inco  | me for the year. Fol                                  | low these steps:  |  |   |  |
|                  | 20a. Copy line 19b.  | Research Commission                                   |   | · · · · · · · · · · · · · · · · · · ·  | ***************************************                         | \$475.66   |
|                  | Multiply by 12 (the number of mor  | ths in a year).                                       |   |  |   | x 12   |
|                  | 20b. The result is your current monthly  | income for the year f                                 | or this part of the form.   | ÷  |   | \$5,707.92   |
|                  | 20c. Copy the median family income for   | r your state and size                                 | of household from line 1  | 6c.  | man man sa sa aa aa aa aa aa aa aa aa aa aa aa                  | \$49,741.00  |
| 21.              | How do the lines compare?  |   |   |  |   |  |
|                  | Line 20b is less than line 20c. Unles period is 3 years. Go to Part 4.                                       | ss otherwise ordered                                  | by the court, on the top  | of page 1 of this form,  | check box 3, The commitme                                       | ent  |
|                  | Line 20b is more than or equal to lin commitment period is 5 years. Go to                                    |   | vise ordered by the cour  | rt, on the top of page 1   | of this form, check box 4, 7                                    | he   |
| Part             | 4: Sign Below  |   |   |  |   |  |
|                  | By signing here, I declare under pe  | nalty of perjury that th                              | ne information on this sta  | atement and in any att   | achments is true and correc                                     | t.   |
|                  | ✗ /s/ Anthony Lacour / 🎉   | May 1   | X X   |  |   |  |
|                  | Signature of Debtor 1  |   | Si  | ignature of Debtor 2   |   | <del></del>  |
|                  | Date <u>9/23/2016</u><br>MM/DD/YYYY  |   | Di  | ate  |   |  |
|                  | If you checked 17a, do NOT fill out<br>If you checked 17b, fill out Form 12:                                 |   | is form. On line 39 of tha  | at form, copy your curre   | ent monthly income from line                                    | e 14 above.  |
| mente e engante. |  |   | and he commenced the commence of the commence |  |   | TO ANNA TO THE WORLD WAS ARRESTED AND AN ARREST AND AN ARREST AND ARREST ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND ARREST ARREST AND ARREST AND ARREST AND ARREST ARREST ARREST ARREST ARREST ARREST ARREST ARREST ARREST ARREST ARREST ARREST ARREST ARRES |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76

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- 3. Before signing this agreement, the attorney has received, \$750.00 toward the flat fee, leaving a balance due of \$3,250.00; and \$61.76 for expenses, leaving a balance due of \$3,621.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

9/23/2016

Signed:

/s/ Anthony Lacour/

Debtor(s)

/s/ Sean McNulty

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.